

# SEPA Training of Facilitators Curriculum

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## SEPA TRAINING Day 2 Agenda

**Session 2: HIV and AIDS, Other Sexually Transmitted Diseases, Human Anatomy, and Human Sexuality**  
**and**

**Session 3: How to Prevent HIV and Other Sexually Transmitted Diseases**

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## OVERVIEW OF TRAINING FOR DAY 2



**Time:** 10 minutes

During Day 2 of the training, facilitators will participate in Sessions 2 and 3. They will have the opportunity to participate as if they were SEPA participants, as well as practice facilitation skills and participate in teach-backs. Facilitators should be encouraged to ask questions throughout each session to clarify information and address potential challenges.

### **Welcome Facilitators**

Use the initial 10 minutes of Day 2 to allow facilitators and trainers to socialize. Provide snacks (e.g., continental breakfast if the training is conducted in the morning) on a table in the back of the room and allow facilitators and trainers to ease into the training.

Trainers should begin Day 2 with a review of the agenda. Point out times for breaks and lunch and what time the training is scheduled to end for the day.

*Welcome back. I'm so happy to see each and every one of you and thank you for the time you are devoting to this training. Let's review today's agenda.*

*Are there any questions about the agenda?*

*We will begin by reviewing what we learned yesterday and clarifying any issues. We will conduct teach-back exercises from Session 1 and will continue with Sessions 2 and 3. To learn how to facilitate SEPA, we think it's important that you experience each session as if you were SEPA participants. Just like yesterday, we will use the Stop and Go signs. When you are wearing the sign*

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*with the word “Stop” facing the group, I will be talking to you as facilitators. When you are wearing the sign with the word “Go” facing the group, you will act as Project SEPA participants. When you are in this role, I will be the facilitator. Please feel free to interrupt at any time to ask questions.*

*I look forward to working with you today and hope we will learn from each other’s experiences in implementing prevention programs.*

*Please begin today with the word “Stop” facing the group.*

## REVIEW OF DAY 1



### Discussion



**Purpose:** To review topics from Day 1 and respond to questions or concerns from Day 1



**Time:** 10 minutes

Ask facilitators to discuss what they learned during Day 1.

Key topics that should be reviewed include:

- SEPA's conceptual basis, core elements, and key characteristics
- Challenges in implementing Session 1

Questions to prompt discussion:

- *Describe SEPA in one sentence.*
- *Name a core element and key characteristic of SEPA.*
- *What were some of the key topics reviewed during Session 1?*
- *Do you foresee any challenges in implementing Session 1? If yes, what are they?*

### Parking Lot Issues

Trainers should encourage facilitators to discuss unresolved issues from the first day of training. We have found that allotting a specific time period to discuss these issues is important and empowers facilitators to feel comfortable in asking questions. Once all questions and concerns are resolved, proceed to implementing the teach-backs assigned during Day 1.

### Teach-Backs



#### Teach-Backs



**Purpose:** To provide facilitators with the opportunity to practice activities from Session 1



**Needed Equipment, Supplies, and Materials:** Teach-back feedback forms



**Time:** 40 minutes

Make enough copies of the teach-back form (Appendix 1) so that facilitators can fill out a form for each presenter.

*It's time to conduct teach-backs. As you know, each of you will have the opportunity to facilitate at least one activity over the next few days. To be a successful SEPA facilitator takes practice, even if you've facilitated group-level interventions before. Hopefully, those of you who were assigned teach-backs found some time to review the topic and rehearse the scripts.*

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*The facilitators doing teach-backs will each have up to 15 minutes. Use the Facilitators Guide to implement the activity, and your fellow facilitators and I will act as SEPA participants and provide feedback. We will use the teach-back feedback form to help us focus our comments.*

Provide facilitators with teach-back feedback forms.

*Our goal is to help you improve your facilitation skills. We will conduct teach-backs in the order of the material in the Facilitators Guide. Does anyone have questions before we begin?*

### Teach-Back Assignments for Session 1

Topic or Activity	Session #	Page(s) in Facilitators Guide	Slide #s	Facilitator's Name	Notes (Date and Time of Teach-Back)
Perinatal Prevention	1	44-47	14-16		
Testing for HIV Infection	1	48-51	17-20		

After responding to questions, ask the two facilitators to begin implementing the assigned teach-backs.



***IT'S TIME TO BE PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.***

After a facilitator has completed the teach-back, ask participants to wear their Stop signs; they are facilitators when they comment on the teach-backs.





*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

Ask the facilitator to comment on her own performance, noting what she thinks went well and what may need improvement. Other facilitators should also provide feedback. To help facilitators engage in feedback, ask the following questions.

Questions to prompt discussion:

- *What are [name of facilitator]'s strengths?*
- *What can [name of facilitator] do to improve her implementation of the activity?*
- *Was the facilitator prepared to train?*
- *Did the facilitator demonstrate good communication skills?*
- *Did the facilitator stimulate discussion and was she responsive to questions?*
- *Did the facilitator effectively manage time?*

Possible responses:

- She was familiar with the material and seemed confident.

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- She looked at us and maintained eye contact.
- She spoke clearly and loud enough for everyone to hear.
- She went over the 15 minutes.
- She didn't stop to ask if we had questions.

After facilitators have provided feedback, the trainer should provide constructive comments and recommendations and then conclude the teach-back session.

Repeat this process for the second facilitator.

*This concludes our first teach-back session. I want to thank everyone for their participation and I look forward to additional teach-backs conducted by the rest of the group over the coming days.*

*Before we start, I want to make sure that I have responded to all of your questions from yesterday's training. Are there any unresolved questions?*



### **Trainer's Note:**

Give ample time to discuss and clarify remaining questions from Session 1. Encourage facilitators to feel free to ask questions and interrupt at any time during the session.

### SESSION 2: HIV AND AIDS, OTHER SEXUALLY TRANSMITTED DISEASES (STDS), HUMAN ANATOMY, AND HUMAN SEXUALITY

#### Introduction



**Purpose:** To introduce Session 2 and its materials and core elements, and to build rapport



**Time:** 5 minutes

Address facilitators as facilitators until you begin the session content. A Go box will cue you to ask facilitators to pretend that they are SEPA participants.

*The objective of today's training is to review Sessions 2 and 3. They cover a substantial amount of material on sexually transmitted diseases, including HIV and AIDS, and STD and HIV prevention.*

*Please use your Facilitators Guide to follow along and feel free to ask questions about the materials and activities.*

*Let's open the Facilitators Guide to Session 2. The first page includes an overview of the session and there's a list of the materials you will need.*

- ❑ *Facilitators Guide*
- ❑ *Participant Workbooks*
- ❑ *CD of Session 2 PowerPoints*
- ❑ *LCD projector*
- ❑ *Laptop computer*
- ❑ *Screen*
- ❑ *Podium*
- ❑ *Newsprint*

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- ❑ *Easel stand*
- ❑ *Paper*
- ❑ *Markers*
- ❑ *Pens and pencils*
- ❑ *Nametags*

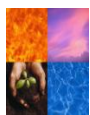
*Turn to the next page of the guide. This page notes the core elements reflected in Session 2. For each core element, you see the associated activity.*

*Who can tell me why we note core elements and associated activities?*

Answer:

Core elements must be maintained. That means the associated activities cannot be skipped.

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### Core Elements

CORE ELEMENT	ACTIVITIES
<p><b>Core Element 1:</b> Provide culturally and linguistically appropriate information to sexually active women at risk of acquiring HIV from unprotected sex with male partners in interactive, small group sessions that focus on</p> <ul style="list-style-type: none"><li>• HIV and STD transmission and prevention;</li><li>• human sexuality and male and female anatomy;</li><li>• interpersonal communications; and</li><li>• relationship violence.</li></ul>	<p><u>Discussions</u></p> <ul style="list-style-type: none"><li>• Human reproductive anatomy</li><li>• Human sexuality</li><li>• Sexually transmitted diseases: the story of Juanita</li><li>• STD testing, transmission, and treatment</li><li>• Viral and bacterial STDs</li><li>• Oral sex and STD transmission</li></ul> <p><u>Group Activities</u></p> <ul style="list-style-type: none"><li>• Rumors and truths about HIV and AIDS</li><li>• STDs: What's true and what's false</li></ul>
<p><b>Core Element 3:</b> Build self-efficacy and knowledge for safer sex behaviors, improved communication with partners, and violence management through homework exercises and the sharing of personal experiences.</p>	<p><u>Homework</u></p> <ul style="list-style-type: none"><li>• Homework review</li><li>• Homework assignment</li></ul>

### Building Rapport

*Remember, there is typically a week in between sessions, so it is important to take time during the early sessions of SEPA to build rapport — between yourself and participants as well as between participants. Positive rapport building will*

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*create an open and safe environment for information to be delivered and digested. Rapport building also encourages SEPA participants to share and engage in the intervention. There are many ways to facilitate rapport. Strategies that can be used include the following:*

- ***Provide the initial five minutes of the intervention for SEPA participants to socialize.*** *Provide snacks during each session (typically served buffet style on a table in the back of the room) and allow time for socialization.*
- ***Use icebreakers.*** *We conducted icebreaker exercises to help build rapport between facilitators. These same icebreakers can be used at the beginning of Session 2. For additional icebreakers, use the following resources: The Big Book of Icebreakers: Quick, Fun Activities for Energizing Meetings and Workshops by Edie West, or Team-Building Activities for Every Group by Alanna Jones. These resources may be available at your local bookstore. Searching the Internet for icebreakers is also easy to do. Just use a search engine, such as Google or Yahoo, and type in “icebreakers.” You’ll find many Web sites with interactive icebreakers.*

*Remind facilitators that after they and SEPA participants get reacquainted, the session should begin.*

*Are there any questions before we get started?*

After questions have been answered, ask facilitators to turn their signs to GO.



***IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD “GO” FACING EVERYONE.***

## WELCOME PARTICIPANTS



### Discussion



**Purpose:** To welcome participants back, review Session 1, review Session 1 homework, and introduce Session 2



**Needed Equipment, Supplies, and Materials:** Session 2 slides 1–6, Participant Workbooks



**Time:** 30 minutes

Welcome participants back to the group.

*Welcome back. I'm happy to see each and every one of you. Thank you for taking the time to participate in SEPA. I hope you enjoyed our first session and learned from it. Remember that you need to attend at least three sessions to receive a certificate at our last session.*

*Today we will continue to discuss HIV. We will also learn about other sexually transmitted diseases. By participating in SEPA, you help yourself, your family, and your community. This is a theme we will repeat during our time together. By sharing information from SEPA, you can help the people you care about stay healthy.*

Question to prompt discussion:

- *What other benefits, in addition to staying healthy, can you think of that will come from sharing what you learn from SEPA?*

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Possible responses:

- The conversation can help you learn more about the other person and strengthen your relationship.
- You can make it easier for people to talk about important subjects not usually discussed.
- People you talk to will talk to others and pass messages about HIV prevention on to more members of the community.
- When more people in the community stay healthy, the community itself is stronger.

### Session 1 Review

*Let's review what we learned from Session 1.*

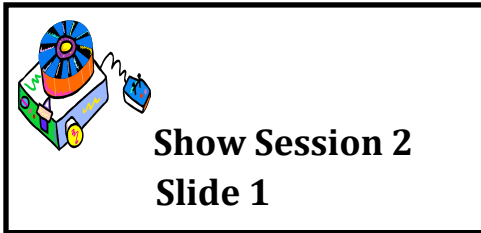
*We learned a lot about HIV and its impact on Latinos last week. Here are some questions to help us remember what we learned.*

- *What is the difference between HIV and AIDS?*
- *How is HIV transmitted?*
- *If you are worried that you may have been exposed to HIV, when is the best time to get an HIV test?*  
(Answer: About three months after exposure)

*As a reminder, here are the key messages from Session 1.*




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### Session 1 Key Messages

- HIV stands for Human Immunodeficiency Virus. HIV causes AIDS — Acquired Immune Deficiency Syndrome.
- Being HIV positive, or living with HIV disease, is not the same as having AIDS. HIV disease advances to AIDS when the immune system of an infected person is seriously damaged.
- Of all the cumulative AIDS cases reported to CDC through 2007, Hispanics/Latinos accounted for 19% of the total number of cases and 19% of the total number of AIDS cases among women.

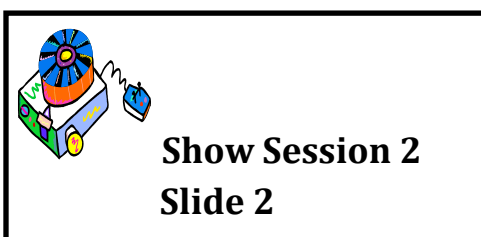
SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



*HIV stands for Human Immunodeficiency Virus. It causes AIDS, which is an abbreviation for Acquired Immune Deficiency Syndrome.*

*Being HIV positive, or living with HIV disease, is not the same as having AIDS. HIV disease advances to AIDS when the immune system of an infected person is seriously damaged.*


*Of the all the cumulative AIDS cases reported to CDC through 2007, Hispanics/Latinos accounted for 19 percent of the total number of cases and 19 percent of the total number of AIDS cases among women.*



### Session 1 Key Messages

- For adult and adolescent Latinas, heterosexual contact accounts for the largest proportion of AIDS cases.
- A woman is significantly more likely than a man to get infected with HIV during vaginal intercourse.
- Injection drug use is the second leading cause of HIV infection among U.S. Latinas.
- HIV can be transmitted from an infected person to someone who is not infected through blood (including menstrual blood), semen, vaginal secretions, and breast milk.

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*For adult and adolescent Latinas, heterosexual contact accounts for the largest proportion of AIDS cases.*

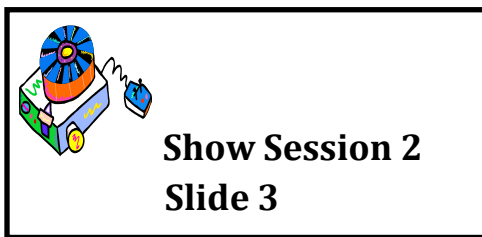
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*A woman is significantly more likely than a man to get infected with HIV during vaginal intercourse.*


*Injection drug use is the second leading cause of HIV infection among U.S. Latinas.*

*HIV can be transmitted from an infected person to someone who is not infected through blood (including menstrual blood), semen, vaginal secretions, and breast milk.*



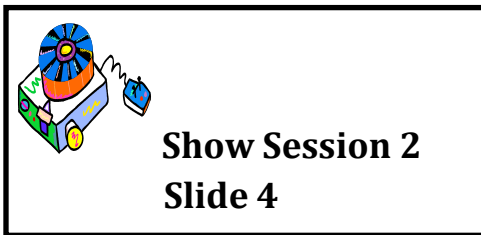
### Session 1 Key Messages

- Blood contains the highest concentration of HIV, followed by semen and vaginal fluids.
- The most common ways to get infected with HIV are unprotected sexual intercourse with an infected partner and injecting drugs with equipment used by someone who is infected.

SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality

*Blood contains the highest concentration of HIV, followed by semen and vaginal fluids.*


*The most common ways to get infected with HIV are unprotected sexual intercourse with an infected partner and injecting drugs with equipment used by someone who is infected.*



### Session 1 Key Messages

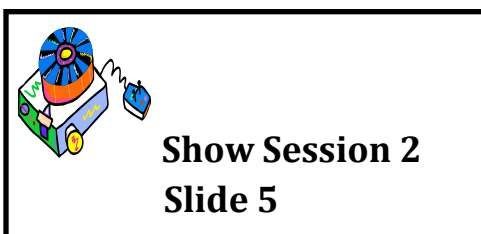
- All pregnant women should get tested for HIV. A woman living with HIV can transmit the virus to her baby during pregnancy, labor, and delivery (perinatal transmission), and through breastfeeding.
- Antiretroviral therapy during pregnancy can greatly reduce perinatal transmission — the transmission of HIV to the baby.

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*All pregnant women should get tested for HIV. A woman living with HIV can transmit the virus to her baby during pregnancy, labor, and delivery (perinatal transmission), and through breastfeeding.*


*Antiretroviral therapy during pregnancy can greatly reduce perinatal transmission — the transmission of HIV to the baby.*



### Session 1 Key Messages

- There are tests that can detect HIV, including rapid tests that use blood or oral fluid to look for HIV antibodies.
- HIV tests are available from your doctor, and confidential tests are available from your local health department.
- Information about HIV testing sites is available from CDC at 1-800-232-4636 and [www.hivtest.org](http://www.hivtest.org).
- There is currently no cure for HIV or AIDS, but HIV medications can help infected persons stay healthy for many years.
- We can protect ourselves from HIV by choosing safer behaviors.

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*There are tests that can detect HIV infection, including rapid tests that use blood or oral fluid to look for HIV antibodies.*

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*HIV tests are available from your doctor, and confidential tests are available from your local health department.*

*Information about HIV testing sites is available from CDC at 1-800-232-4636 and [www.hivtest.org](http://www.hivtest.org).*

*There is currently no cure for HIV or AIDS, but HIV medications can help infected persons stay healthy for many years.*

*We can protect ourselves from HIV by choosing safer behaviors.*



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

### Homework Review

*During Session 1, participants were asked to talk to a friend, coworker, or neighbor about HIV, and share something they learned. There will probably be SEPA participants who do not complete the exercise. How should facilitators react when participants are not prepared to discuss homework?*

Provide time to brainstorm strategies that facilitators can use to manage this situation.

Possible responses:

- We shouldn't call on participants; they should volunteer.
- We could ask them to guess what the other person would say.

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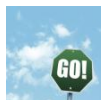
*Remember that participants are involved with SEPA because they want to learn. Do not react punitively toward participants who do not complete the assignment.*

Question to prompt discussion:

- *What challenges may occur during the homework review for Session 1 as well as other sessions?*

Possible responses:

- Participants may not volunteer to talk.
- Participants may not respond to questions.
- If we can't get participants to discuss the homework, we could ask them to role-play the homework with another participant.
- We could ask them to role-play with us, with the facilitators serving as the friend or neighbor.
- We can remind participants that discussion is an important part of the program and ask why people are reluctant to talk.
- We can reinforce confidentiality.



*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

**Facilitator's Note:**

Thank the participants for completing their homework and sharing with the group.

*For your homework, you were asked to talk to a friend, coworker, neighbor, or even your husband or partner about HIV.*

Questions to prompt discussion:

- *Who is willing to share her discussion with the rest of the group?*
- *Who did you talk to and what did you say?*
- *Did you find it difficult to talk about HIV?*
- *How do you feel about what your friends or partners said about HIV and AIDS?*
- *Were you able to provide any new information about HIV to the person you talked to?*

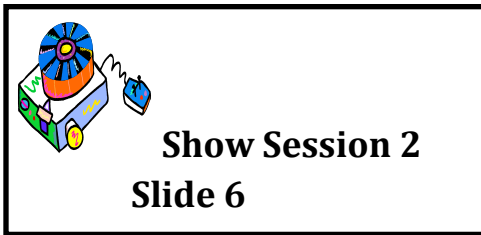
*Thank you for your participation. We will continue to learn from each other during additional discussions.*

*Now we are going to learn more about HIV prevention. We'll begin with an activity to learn the truth about HIV and AIDS.*

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## Session Objectives




**Session 2 Objectives**

By the time we finish today, you will be able to:

- Identify male and female reproductive organs by name and function
- Explain how STDs are transmitted and how they can be prevented
- Name the STDs for which there are no cures

SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



*These are the objectives of Session 2.*

*By the time we finish today, you will be able to:*

- *Identify male and female reproductive organs by name and function*
- *Explain how STDs are transmitted and can be prevented*
- *Name the STDs for which there are no cures*

### THE TRUTH ABOUT HIV AND AIDS



#### Group Activity



**Purpose:** To learn the facts about HIV and AIDS



**Needed Equipment, Supplies, and Materials:** Participant Workbooks, slides 7–13



**Time:** 10 minutes

Many Latinas do not have the facts about HIV and AIDS. The goal of this activity is to provide participants with correct information about HIV and AIDS.

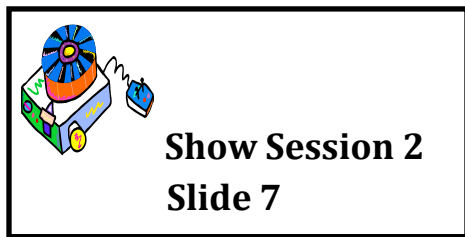
*There are many myths and rumors about HIV and AIDS. As you learned from your discussions with friends, neighbors, and husbands or boyfriends, people have different beliefs about HIV. Let's use this time to learn the facts.*

*Remember, everything we say in the group stays in the group. It's important to maintain each other's confidentiality so that we can feel comfortable in being open and honest with each other. As I said last time, I hope that the knowledge you gain today about HIV, AIDS, and other sexually transmitted diseases will be shared with your partner, husband, family, and friends. However, please don't share personal information about other members of this group. This means never mentioning anyone's name.*



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*This is a true or false exercise; it is not a test. The goal is to learn the truth about HIV and AIDS. Please ask questions and keep an open mind. We are here to learn, not to critique others for what they don't know. Turn to "Session 2, Worksheet 1: The Truth about HIV and AIDS" in your workbook. Write whether the statements are true or false as we go over them. If a statement is false, write the true statement in the space provided.*




### The Truth about HIV and AIDS

- An HIV test will always indicate whether or not a person is infected with HIV.

**FALSE**

There is a short period of time after infection when an HIV test will not indicate if a person has been infected with HIV because antibodies have not yet developed. Most people develop antibodies that detect the presence of HIV in the blood within two to eight weeks after infection; the average time is 25 days. Almost everyone will have antibodies that can be found in their blood during the first three months after being infected.

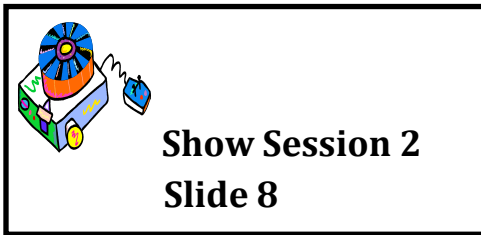
SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



*An HIV test will always indicate whether or not a person has been infected with HIV.*

**Answer:**

*This statement is false. There is a short period of time after infection when an HIV test will not indicate if a person has been infected with HIV because antibodies have not yet developed. Most people develop antibodies that detect the presence of HIV in the blood within two to eight weeks after infection; the average time is 25 days. Almost everyone will have antibodies that can be found in their blood during the first three months after being infected.*



### The Truth about HIV and AIDS

- If you have one sex partner, you will not get HIV.

**FALSE**

*If your one partner is infected, you too can get infected if you have unprotected sex. It takes only one unprotected sexual experience with an infected person to contract HIV.*

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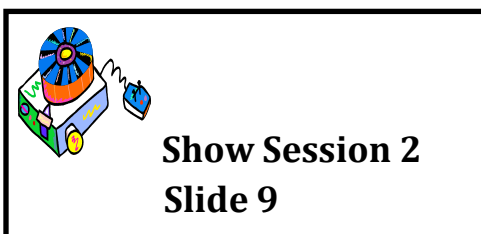


*If you have one sex partner, you will not get HIV.*

**Answer:**

*This is false. If your one partner is infected, you too can get infected if you have unprotected sex. It takes only one unprotected sexual experience with an infected person to contract HIV. This is similar to getting pregnant. Although you cannot get pregnant every time you have unprotected sex, it's possible to get pregnant the first time you have unprotected sex.*

*If you do not know your partner's HIV status, it is important to abstain from sex or to use condoms until you and any partners have been tested and know your results. Without testing, someone can have HIV or AIDS, not know it, and transmit the virus. And don't forget that you can get infected by sharing injection drug equipment with someone who is infected.*




### The Truth about HIV and AIDS

- HIV cannot be transmitted by a mosquito or insect bite.

**TRUE**

*Studies from the CDC show that HIV cannot be transmitted by mosquitoes or any other insects, even in areas where there are many cases of AIDS and large populations of mosquitoes.*

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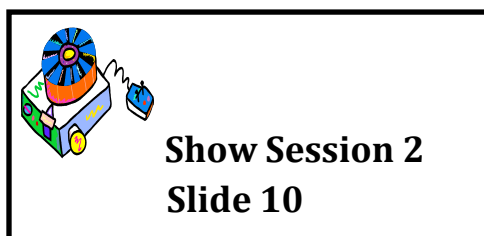


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*HIV cannot be transmitted by a mosquito or insect bite.*

Answer:

*This statement is true. From the start of the HIV epidemic, there has been concern about HIV transmission from biting and bloodsucking insects, such as mosquitoes. Studies from the CDC show that HIV cannot be transmitted by mosquitoes or any other insects — even in areas where there are many cases of AIDS and large populations of mosquitoes.*




**The Truth about HIV and AIDS**

- Homosexual men are the only group that can be infected with HIV.

**FALSE**

*Anyone can be infected with the virus that causes AIDS. Women account for more than one quarter of all new HIV/AIDS diagnoses. In 2005, HIV infection was the fourth leading cause of death for Hispanic women between the ages of 35 and 44 in the United States.*

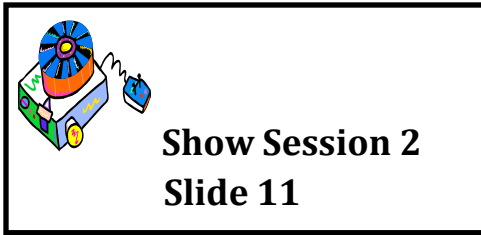
SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



*Homosexual men are the only group that can be infected with HIV.*

Answer:

*This is false. Anyone can be infected with the virus that causes AIDS. Women account for more than one quarter of all new HIV/AIDS diagnoses. Latinas account for about 19 percent of the total number of AIDS cases among women. In 2005, HIV infection was the fourth leading cause of death for Hispanic women between the ages of 35 and 44 in the United States.*




## The Truth about HIV and AIDS

- Men are more likely to contract HIV than women during vaginal sex.

**FALSE**

A woman is more likely to get HIV during vaginal sex because:

- The lining of the vagina provides a large area of contact for exposure to HIV-infected semen.
- There are higher levels of HIV in semen than in vaginal fluids.
- Women can have untreated STDs because they don't have symptoms of infection; this makes them more vulnerable to HIV.
- Violence, coercion, and economic dependence on men prevent many women from being able to protect themselves from infection from male sex partners.



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*Men are more likely to contract HIV than women during vaginal sex.*

Answer:

*This is not true. A woman is more likely than a man to get HIV during vaginal sex because:*

- The lining of the vagina provides a large area of contact for exposure to HIV-infected semen.*
- There is more exposed surface area in the female genitals than in the male genitals.*
- There are higher levels of HIV in semen than in vaginal fluids.*
- Women can have untreated STDs because they don't have symptoms of infection; this makes them more vulnerable to HIV.*
- Violence, coercion, and economic dependence on men prevent many women from being able to protect themselves from infection by male sex partners. We will discuss intimate partner violence during Session 5.*

# SEPA Training of Facilitators Curriculum



## The Truth about HIV and AIDS


- You cannot get infected with HIV by donating blood in the United States.

**TRUE**

You cannot “catch” HIV or other infectious diseases from donating blood in the United States.

New, sterile, “one-time-use” needles and collection equipment are used for each and every donor.

SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality

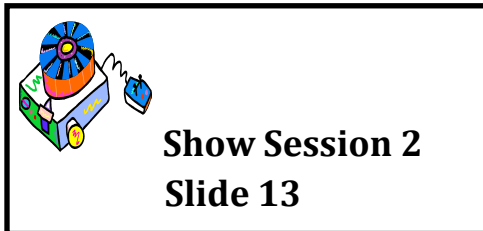


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*You cannot get infected with HIV by donating blood in the United States.*

Answer:

*This is true. You cannot “catch” HIV or other infectious diseases from donating blood in the United States. New, sterile, “one-time-use” needles and collection equipment are used for every donor.*



## The Truth about HIV and AIDS

- HIV can only be transmitted by sexual contact.

**FALSE**

The most common way of getting HIV is unprotected sexual intercourse. HIV can also be transmitted from an infected mother to her child during pregnancy and from sharing injection drug equipment with someone who has HIV.

SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



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*HIV can only be transmitted by sexual contact.*

## SEPA Training of Facilitators Curriculum

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Answer:

*This is false. HIV can also be transmitted from an infected mother to her child during pregnancy and breastfeeding and from sharing injection drug equipment with someone who has HIV.*

*It is true that the most common ways HIV is transmitted are unprotected anal and vaginal intercourse. When a woman has unprotected anal intercourse with her male partner, she is engaging in very risky sex. When two men have unprotected anal intercourse, the man on the bottom is having very risky sex.*



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

Allow facilitators to explore why SEPA participants may believe myths and rumors about HIV.

Question to prompt discussion:

- *Why do you think SEPA participants may believe rumors or myths about HIV and AIDS?*

Possible responses:

- Family, friends, and partners have told them these myths.
- It's easier to believe that they don't have control over getting the disease than it is to take responsibility to protect themselves.

## SEPA Training of Facilitators Curriculum

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- They have never had the opportunity to obtain correct information.

*What other myths have you heard from clients about HIV and how have you taught your clients the correct information?*

*Before we continue with Session 2, I want to point out that most HIV prevention interventions focus on how HIV disease is transmitted and how to protect yourself from getting the disease. Rarely do programs discuss basic aspects of human sexuality. SEPA developers were surprised to find that many Latinas are not familiar with human sexuality and basic male and female anatomy. Therefore, we incorporate significant discussion of sexuality and reproductive anatomy into Session 2 to fill this gap in knowledge.*

*Because sexuality is rarely discussed in the Latino community, participants may feel a bit uneasy with the subject and with viewing the explicit drawings and photographs provided during this session. Do you have any concerns about delivering this kind of material?*



*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

## HUMAN REPRODUCTIVE ANATOMY



### Discussion



**Purpose:** To review human reproductive anatomy



**Needed Equipment, Supplies, and Materials:** Slides 14–16



**Time:** 15 minutes

Many Latinas are not familiar with their reproductive anatomy. Before discussing ways to prevent HIV and STDs, it's important to make sure that everyone is familiar with sexuality and human reproductive anatomy. The following discussion uses technical medical terminology. Feel free to use jargon or culturally relevant terminology when describing reproductive organs. Ask participants to brainstorm other words for reproductive organs as you discuss each body part.

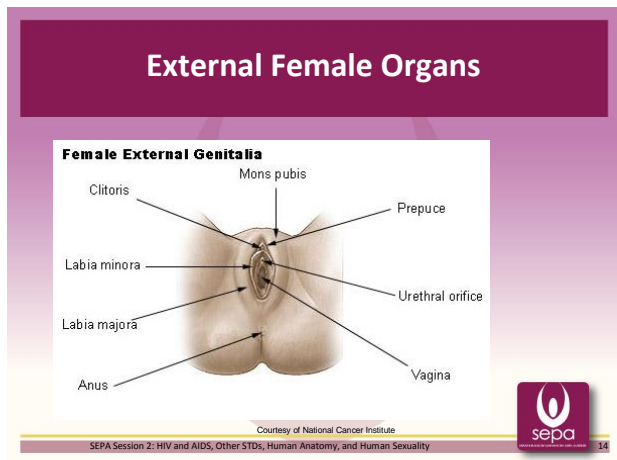
*So far, we have spent time learning how HIV is transmitted. Before we discuss how to protect ourselves, we will discuss human sexuality and familiarize ourselves with reproductive anatomy.*

*In our community, the subject of sexuality, including our physical reproductive systems, is rarely talked about. Discussing sexuality and our bodies may make you feel a bit uneasy, and that's OK. What is important is that we don't let feelings of uneasiness stop us from learning. So let's relax and create an environment where we feel comfortable discussing these topics.*



## SEPA Training of Facilitators Curriculum

*The following slides present diagrams of healthy anatomy. These drawings are presented to help us learn about our bodies. This is important for HIV and STD prevention because you need to know how STDs affect different parts of the body. Knowing more about anatomy will also help you use condoms correctly.*



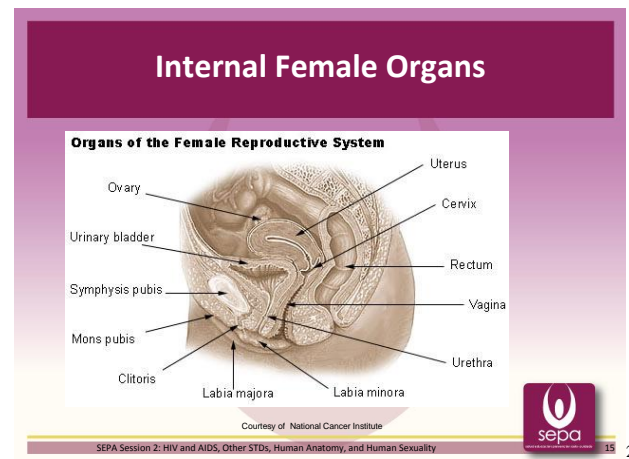
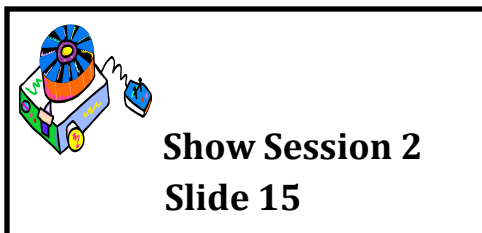
*This is a drawing of external female genital organs. It is important to recognize each organ and understand its function.*

- The **mons pubis** is the fatty tissue above the pubic bone where public hair grows.
- The **clitoris** is a firm, small organ located at the upper part of the labia minora. Its function is to produce pleasure during sexual intercourse. The tip, or glans, has more than 8,000 sensory nerve endings — more than any other part of the human body.
- The **prepuce** is skin that surrounds the clitoris. It is similar to the foreskin of a man's penis.

<sup>1</sup> <http://training.seer.cancer.gov/anatomy/reproductive/female/genitalia.html>

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- The **labia minora** covers the delicate genital area where the external urethral orifice and the entrance to the vagina are located.
- The **labia majora** are folds that extend downward and backward from your pubis area to the perineum (the general region between the anus and the vaginal organs).
- The **urethral orifice** is where urine comes out. It is located under the clitoris.
- The vaginal opening is located under the urethral orifice. The **vagina** is where the penis is inserted during sexual intercourse. Women naturally produce vaginal lubrication before and during sexual intercourse. This lubrication makes the sexual experience more satisfying and prevents the surrounding tissue of the cervix from being damaged. It is through the vagina that we bleed during our periods. The vagina is also the birth canal through which our babies are delivered.
- The **anus** is where feces (bowel movements) and gas are expelled.



<sup>2</sup> <http://training.seer.cancer.gov/anatomy/reproductive/female/>

## SEPA Training of Facilitators Curriculum

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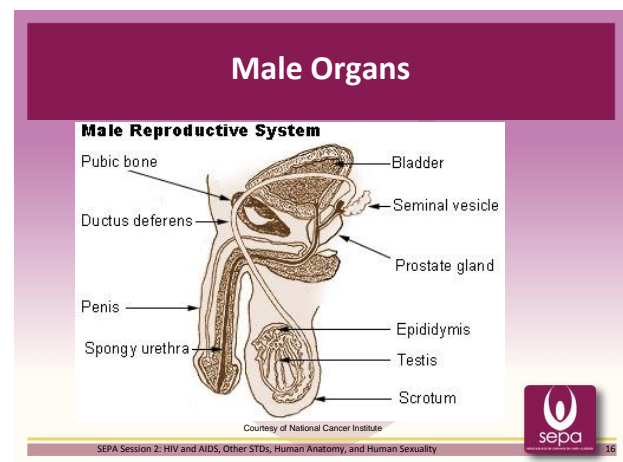
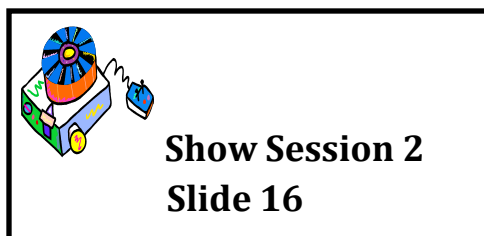
*This slide shows internal and external organs and helps us understand pregnancy.*

- *We have two **ovaries**, one on each side of the uterus. Every month during ovulation, either the right or left ovary produces an egg for fertilization.*
- *The egg travels down the fallopian tubes toward the **uterus**. There are two fallopian tubes, each attached to a side of the uterus.*
- *Male sperm travel up the vagina to the uterus and to the fallopian tubes.*
- *If sperm enters the egg, the egg is fertilized and the female becomes pregnant.*
- *The uterus is the organ where the fertilized egg grows during pregnancy. Non-pregnant women menstruate; in other words, they eliminate the lining of the uterus by menstrual bleeding (having a period).*
- *The uterus is the size of a fist, is similar in shape to a pear, and it grows during pregnancy.*
- *The **cervix** is the lower portion of the uterus that opens into the vagina. The narrow opening of the cervix allows menstrual blood to flow out and widens during labor to allow the fetus to pass through the vagina during childbirth.*
- *The **urinary bladder** is the organ that collects urine excreted by the kidneys prior to urination.*
- *The **symphysis pubis** is the area in front of the pelvis where the pubic bones meet.*

## SEPA Training of Facilitators Curriculum

- The **rectum** consists of the last six to eight inches of the large intestine. It stores solid waste until it leaves the body through the anus.

Females have normal vaginal secretions called cervical mucus. This mucus is naturally produced by the cervix as part of the hormonal function of the ovaries. It is important for us to understand our bodies and cervical mucus secretions. The secretions increase in amount and change texture during the monthly menstruation cycle. By understanding your secretions, you may be able to detect when something is wrong if you have symptoms of infection from an STD.



*This is a drawing of male reproductive organs.*

Review each organ listed in the diagram.

- The **pubic bone** is part of the pelvic bone or pelvis (the area of the body surrounded by the hips).
- The **penis** is the external male sex organ used to have sexual intercourse, ejaculate semen, and urinate. The shaft or the body of the penis is made of spongy tissue and blood vessels.

<sup>3</sup> <http://training.seer.cancer.gov/anatomy/reproductive/male/>

## SEPA Training of Facilitators Curriculum

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- The **bladder** is the organ in men and women that collects urine excreted by the kidneys.
- The **spongy urethra** is part of the urethra, a tube that drains urine from the bladder. It is located between the base and the tip of the penis.
- The male's **prostate gland** is located at the base of the bladder. One function of the prostate gland is to help control urination; another function is to produce some of the substances found in semen, the fluid that transports sperm, the male's reproductive cells. The **seminal vesicles** also secrete fluid that becomes semen.
- The **epididymis** is a small tube where sperm collect after they leave the **testis**. There are two testes, also called testicles, behind the penis in a pouch of skin called the **scrotum**. The testes are glands that produce testosterone and sperm.
- The **ductus deferens** transports sperm from the **epididymis** in anticipation of ejaculation. Semen is released through the penis during ejaculation, also called orgasm.
- When males are sexually aroused, the penis becomes erect. When a male ejaculates, millions of sperm in the semen leave his body. During ejaculation, a valve in the bladder closes so that urine does not mix with semen. When sperm fertilize a woman's egg, pregnancy occurs.
- **If a man is infected with HIV, the virus will be in his semen. If you have vaginal or anal sex with an infected partner without using a condom, you expose yourself to the virus.**

**BREAK**

## SEPA Training of Facilitators Curriculum

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*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

*What do you think about the Anatomy lesson?*

*The next discussion focuses on sexuality, and this discussion may be uncomfortable for some participants. Continue to focus on building rapport and creating a safe environment where the women feel comfortable talking and asking questions. Human sexuality is a topic that should generate a lot of discussion.*



*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

### HUMAN SEXUALITY: EXPECTATIONS AND BELIEFS



#### Discussion



**Purpose:** To discuss human sexuality



**Time:** 15 minutes

The following discussion focuses on human sexuality.

*Now that we understand what to call our sexual body parts and how our reproductive system works, we will talk about sexuality. Human sexuality refers to how women and men experience and express themselves as sexual beings.*

Question to prompt discussion:

- *How do you think men express themselves as sexual beings?*

Possible responses:

- Men who are not gay think it's sexy to take charge of their relationships with women.
- Men think it's masculine to have sex with as many women as possible.
- Some men express themselves by flirting and by acting like a big shot.



## SEPA Training of Facilitators Curriculum

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Question to prompt discussion:

- *What about women? How do you think women express themselves as sexual beings?*

Possible responses:

- Women like to look and smell good.
- Women also like to flirt and they like to wear sexy clothing.
- Some women want men to take charge of things, to be the boss, and to make decisions, and they think it's sexy to be passive.

*Many people believe that men have a stronger desire for sex than women. Some people believe that women do not have sex for their own pleasure, but only to please men. Some women say that men will try to have sex whenever they desire, and that sex for men is a sign of their masculinity.*

Questions to prompt discussion:

- *Do you think that men need to have sex?*
- *Are there times when your male partner wanted to have sex and you didn't? What happened?*
- *Are there times when you wanted to have sex and your partner didn't? What happened?*
- *How often should women have sex?*

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Possible responses:

- Whenever they want
- As often as they want if their partners are clean and don't have HIV or STDs
- At least once a month
- About once a week

*Men and women can abstain from all forms of sex and be perfectly healthy.*

*It is not physically harmful to have sexual intercourse with a man who has been tested and knows that he does not have HIV or another STD.*

*Adults who do not know each other's HIV status and whether they have an STD can have protected sex as frequently as they want. The point to remember is that sex with a condom – protected sex – can prevent sexually transmitted diseases.*

*Other than vaginal, what are other types of sex?*

Explain the differences between vaginal, anal, and oral sex, and note that each type of sexual contact can place a person at risk for HIV.

*Oral sex — also known as "fellatio," "blowjob," "giving head," and "cunninglingus" — is when one partner stimulates the other partner's genitals with his or her mouth and tongue.*

*Anal sex refers to sexual intercourse where the penis is inserted into the anus.*

*Vaginal sex is sexual intercourse where the penis is inserted into the vagina.*

## SEPA Training of Facilitators Curriculum

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*Unprotected vaginal, anal, and oral sex can put a person at risk of HIV infection as well as infection from many sexually transmitted diseases. As we noted, unprotected anal sex is especially risky for the person who is the receptive partner — that is, the person on the bottom.*

*Right now we are about halfway through Session 2. Are there any questions?*

*Would anyone like to share what you think or feel about what we are learning so far?*

### SEXUALLY TRANSMITTED DISEASES: THE STORY OF JUANITA



#### Discussion



**Purpose:** To introduce the topic of STDs to participants



**Needed Equipment, Supplies, and Materials:** Participant Workbooks



**Time:** 10 minutes

The story of Juanita is a fictional example of STD transmission that illustrates the dangers of unprotected sex. Read the following vignette to participants (or ask a participant to volunteer to read the vignette). Ask participants to follow along in their workbook “Session 2, Worksheet 2: The Story of Juanita.”

Questions to prompt discussion:

- *Who can explain how José got infected and how he infected Juanita?*
- *Do you know anyone who has had a similar experience to Juanita?*
- *How does this story make you feel?*

Possible response:

- José got infected from another woman who gave him a blow job. When he had intercourse with Juanita, he gave her herpes.

### STD TESTING, TRANSMISSION, AND TREATMENT



#### Discussion



**Purpose:** To review STD basics, viral and bacterial STDs, oral sex and STD transmission, and what STDs look like



**Needed Equipment, Supplies, and Materials:** Slides 17–33, Participant Workbooks



**Time:** 40 minutes

The following discussion reviews basic information on STDs.

*Before we discuss specific STDs, we will cover some basic information. There are more than 25 diseases transmitted through sexual activity. According to the Centers for Disease Control and Prevention, there are more than 15 million sexually transmitted disease cases reported annually in the United States. Not including HIV, the most common STDs in the United States are chlamydia, trichomoniasis, human papillomavirus (HPV), and gonorrhea. Adolescents and young adults up to age 29 are the age groups at greatest risk for acquiring an STD.*

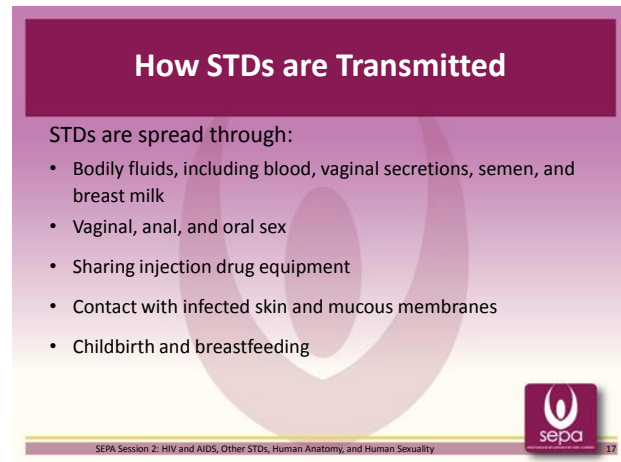
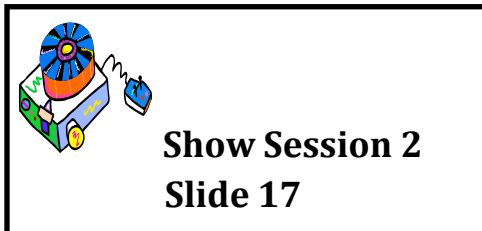
*There is no one test for all STDs. Some STDs can be detected in blood and some can be detected in urine. Others are detected by taking cultures, such as a fluid sample from the mouth, vagina, or anus.*

*You can get tested for an STD at one of your local health department's STD clinics, and you can find locations of sites for STD testing at [www.hivtest.org](http://www.hivtest.org). If*

## SEPA Training of Facilitators Curriculum

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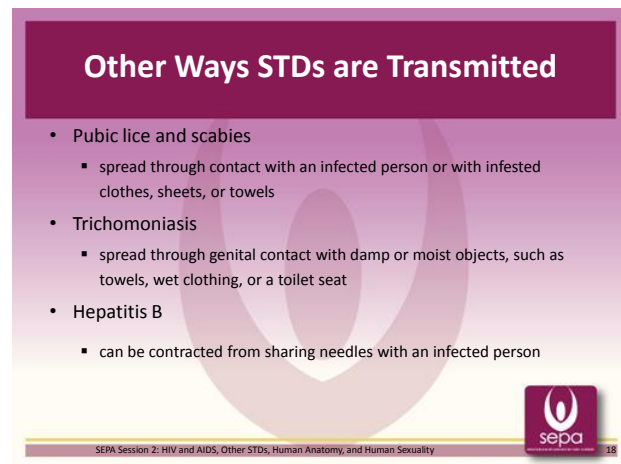
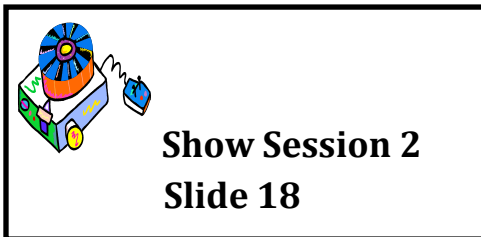
*you test positive, after health department staff provide treatment, they can inform your sex partners that they may have been exposed to an STD and should get an STD test. This is called partner notification or partner services. Health department staff never reveal the names of persons who test positive for an STD.*



Explain to participants that there are many types of sexually transmitted diseases that will be discussed later after a review of what all STDs have in common.

*Just like HIV, most STDs are spread through contact with infected bodily fluids, including blood, vaginal secretions, semen, and breast milk. Most STDs are spread through direct sexual contact, including vaginal, anal, and oral sex with an infected person. When we say that STDs are spread by vaginal, anal, and oral sex, we mean unprotected sex – sex without the use of a male or female condom. So please remember that we mean unprotected sex when we talk about the sexual transmission of HIV and other STDs.*

*Even though they are called sexually transmitted diseases, sex is not the only way STDs are transmitted. Other ways STD transmission takes place include sharing needles; direct contact with infected skin or mucous membranes, such as sores in the mouth; contact with clothing; and childbirth. STDs can be transmitted from men to women, women to men, men to men, and women to women.*



*Pubic lice and scabies are considered STDs and can be spread through close personal contact with an infected person, or with infested clothes, sheets, and towels.*

*You may have heard of trichomoniasis. Trichomoniasis can be spread by genital contact with damp objects, such as towels, clothing, and toilet seats.*

*Sharing needles with an infected person can cause Hepatitis B. Like HIV, Hepatitis B can be spread by sex as well as by using injection drug equipment that contains infected blood.*

*Let's go back to Juanita's story.*

*Juanita got genital herpes, which is a virus, by having unprotected vaginal sex with José who contracted the herpes virus from a woman who gave him oral sex. The woman who performed the oral sex had the herpes virus that causes cold sores, also called fever blisters. Genital herpes can be caused by the strain of virus that causes cold sores. When José had unprotected vaginal intercourse with Juanita, he transmitted the virus to her and it caused genital herpes.*

**Ask participants:**

*How could Juanita have prevented contracting genital herpes?*

## SEPA Training of Facilitators Curriculum

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Answer:

*Insist that José wear a condom or not have sex with him — abstain.*



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

*Do you have questions? Are there concerns about covering this material with SEPA participants?*



*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

### Viral and Bacterial STDs

The following discussion provides additional information on the most common STDs.

*Most STDs are caused by viruses or bacteria. Remember that a virus -- HIV -- causes AIDS and that there are no cures for viral STDs.*






### Viral STDs

In addition to HIV, viral STDs include:

- Genital herpes
  - spread by skin-to-skin contact and vaginal, anal, and oral sex
  - a woman can transmit it to her baby during labor and delivery
- Human papillomavirus (HPV)
  - can produce genital warts and cancers of the cervix, vulva, vagina, anus, penis, tonsils, tongue, head, and neck
  - a vaccine can protect women from the types of HPV that cause most cervical cancers and genital warts
- Hepatitis B
  - can cause chronic liver infection that can develop into cirrhosis of the liver or liver cancer
  - a vaccine can protect against Hepatitis B infection

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*In addition to HIV, viral STDs include:*

*Genital herpes, which is spread by skin-to-skin contact and vaginal, anal, and oral sex. A pregnant woman can transmit the virus to her baby during labor and delivery.*

*Human papillomavirus (HPV) is spread by skin-to-skin contact and vaginal, anal, and oral sex. A pregnant woman can transmit the virus to her baby during vaginal delivery. HPV can produce genital warts and cancers of the cervix, vulva, vagina, anus, penis, tonsils, tongue, head, and neck. A vaccine can protect women from the types of HPV that cause most cervical cancers and genital warts. The CDC recommends that young women, especially adolescents, get the HPV vaccine.*


*Hepatitis B is spread by sharing contaminated needles to inject drugs and by vaginal, anal, and oral sex. A pregnant woman can transmit the virus to her fetus. Hepatitis B can cause chronic liver infection that can develop into cirrhosis of the liver or liver cancer. A vaccine can protect against Hepatitis B infection.*



### Bacterial STDs

Bacterial STDs include:

- Chlamydia
  - according to the CDC, women infected with chlamydia are up to five times more likely to become infected with HIV if exposed
- Gonorrhea
  - can cause pelvic inflammatory disease in women, which can lead to infertility
- Syphilis
  - late stage untreated infection can lead to blindness and dementia



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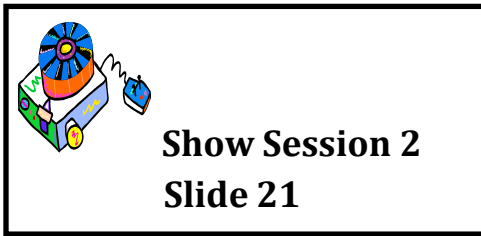
### *Bacterial STDs include:*

*Chlamydia, which is the most common STD spread by vaginal, anal, and oral sex. A pregnant woman can transmit the infection to her baby during vaginal delivery. In up to 40 percent of women, untreated infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). PID can lead to infertility and dangerous ectopic pregnancy (pregnancy outside the uterus). According to the CDC, women infected with chlamydia are up to five times more likely to become infected with HIV if exposed to the virus.*

*Gonorrhea is spread by direct contact with the penis, vagina, mouth, and anus of an infected person. A pregnant woman can transmit infection to her baby during vaginal childbirth. Gonorrhea can cause pelvic inflammatory disease in women, which can lead to infertility.*

*Syphilis is spread by vaginal, anal, and oral sex; skin-to-skin contact; and the sharing of contaminated needles to inject drugs. A pregnant woman can transmit infection to the fetus. Late stage untreated infection can lead to blindness and dementia.*


## SEPA Training of Facilitators Curriculum



### Other STDs

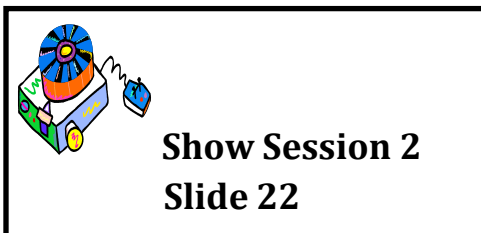
Other STDs include:

- Trichomoniasis
  - a parasitic STD that is spread by vaginal intercourse, genital contact with damp or moist objects, such as towels, wet clothing, or a toilet seat




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*Trichomoniasis is another common STD. It is a parasitic STD that is spread through vaginal intercourse, genital contact with damp or moist objects, such as towels, wet clothing, or a toilet seat.*



### Key Facts about STDs

- STDs caused by a virus cannot be cured. There is no cure for HIV, genital herpes, Hepatitis B, or HPV.
- Women suffer more frequent and more serious complications from STDs than men.
- You can have an STD and not know it. Sometimes it takes weeks or months for symptoms to appear.
- If you have an STD, you increase the chance of contracting HIV through sex.
- A pregnant woman can expose her baby to an STD during delivery.



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*Although most STDs can be cured, STDs that are caused by a virus cannot be cured. There is no cure for HIV, genital herpes, hepatitis B, and human papillomavirus (HPV). However, there are vaccines available that prevent hepatitis B and HPV.*

*Women suffer more frequent and more serious complications from STDs than men.*

## SEPA Training of Facilitators Curriculum

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*You can have an STD, or even more than one STD, and not know it because women and men often have no symptoms of infection. Sometimes it takes weeks or months for symptoms to appear.*

*If you have an STD, you increase the chance of contracting HIV through sex.*

*A pregnant woman can expose her baby to an STD during delivery.*

### Oral Sex and STD Transmission among Women

The following discussion focuses on oral sex and STD transmission other than HIV.

*If you perform oral sex on a man and he is infected, you can get chlamydia, gonorrhea, HPV, and syphilis. Possible risks include herpes and Hepatitis A and B.<sup>4</sup>*

*If you receive oral sex and your partner is infected, you could get herpes and syphilis.*

*A man can get chlamydia, gonorrhea, herpes, and syphilis from receiving oral sex, and can transmit these STDs during vaginal intercourse.*

Ask participants to open their workbooks to “Session 2, Worksheet 3: Reference Information on Sexually Transmitted Diseases (STDs).”

*This table is a reference on STDs that you can review at home. Please look it over when you have time and let me know if you have questions. I won't go over this table with you but will cover the information as we continue to learn about STDs. I know this is a lot of information. Thank you for paying attention.*

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<sup>4</sup> Hepatitis A is transmitted through feces.

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*For both men and women, there are often no symptoms of having an STD. Men are more likely to have symptoms of infection than women.*

*For women, vaginal discharge and burning during urination are the most common symptoms. Discharge consists of secretions that are not normal and that have a bad odor and a yellow or green color. Women may feel pain during sexual intercourse or there may be bleeding other than normal monthly menstruation. There may be pain in the pelvis or vagina.*

*Symptoms in men may include discharge from the penis, burning during urination, and sores on the genitals and rectum.*



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

*The next series of slides presents graphic pictures of diseased reproductive organs. These pictures are not designed for shock value, but rather to reinforce that these diseases are serious and place the health of our SEPA participants at risk.*

*Do you have questions?*

Questions to prompt discussion:

- *Are there concerns about covering this material with SEPA participants?*
- *What suggestions do you have for introducing and presenting the material on STDs?*

## SEPA Training of Facilitators Curriculum



***IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.***

### What STDs Look Like

The next series of slides presents graphic pictures of diseased reproductive organs. These pictures are not designed for shock value, but rather to reinforce that these diseases are serious and place the health of our SEPA participants at risk.



**Show Session 2  
Slide 23**

#### Gonorrhea — Male



Courtesy of the Centers for Disease Control and Prevention

SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality

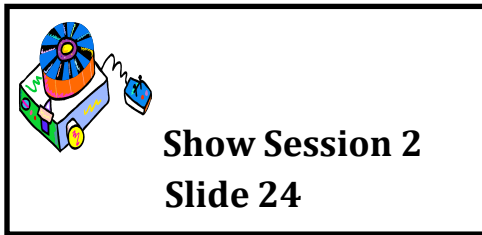


5

*This photo shows symptoms of gonorrhea in a man. The majority of women do not have symptoms of gonorrhea until it is in a very advanced stage of the disease. The principal symptom is a pus-like secretion in the genitals or eyes. Gonorrhea can cause infertility. In addition, this disease can cause arthritis, heart disease, and blindness in newborn children from mothers infected with the disease during pregnancy. Making sure your sex partners wear condoms can help prevent this and other STDs.*

<sup>5</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>

## SEPA Training of Facilitators Curriculum



*These photos show symptoms of syphilis during the primary stage of the disease, when symptoms are visual. Syphilis can cause miscarriage, stillbirth, or death soon after birth. Although an infected baby may be born without signs of disease, skin sores, rashes, fever, jaundice (yellow skin), anemia (a blood problem), or a swollen liver and spleen may develop within a few weeks. All pregnant women should be tested for syphilis and, if infected, they must be treated right away with penicillin.*

*There are different stages of syphilis. First we'll talk about the primary stage.*

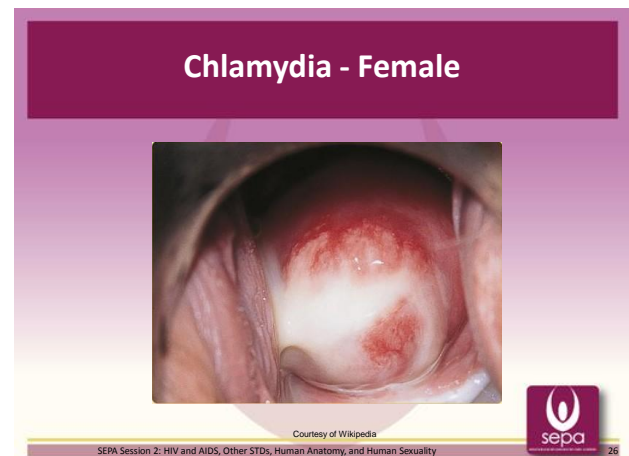
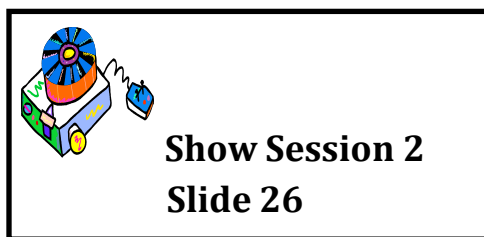
<sup>6</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>

<sup>7</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>

## SEPA Training of Facilitators Curriculum

*The time between infection with syphilis and the start of the first symptom can range from 10 to 90 days, with 21 days being the average. The sore that appears, called a chancre, is usually firm, round, small, and painless. It appears at the spot where syphilis entered the body. The chancre lasts three to six weeks, and it heals without treatment. However, if treatment is not received, the infection progresses. Because the symptoms of primary stage syphilis are easy to overlook, many individuals do not seek treatment.*

*If not treated, syphilis will continue to develop and move into the secondary stage. The secondary stage occurs two to 10 weeks after the chancre sore appears. The most common symptom is a rash on the palm of the hands and the bottoms of the feet. A pregnant woman can transmit infection to the fetus. Late stage untreated infection can lead to blindness and dementia.*

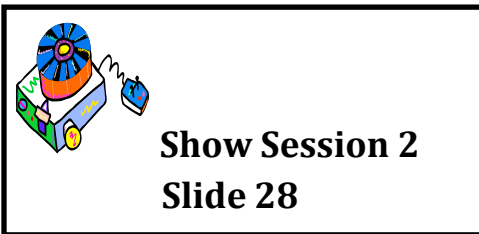


*This is a picture of a woman with chlamydia, the most frequently reported STD in the United States. The majority of women with chlamydia do not have symptoms. Cervicitis (infection of the uterine cervix) is the most common symptom of infection. Other symptoms include vaginal discharge and abdominal pain. Infection of the urethra is often associated with chlamydial infection of the cervix. Women with infection of the urethra (urethritis) have pain upon urination and a frequent and urgent need to urinate. In men, symptoms include pain when urinating. Chlamydia can cause infertility in women.*

<sup>8</sup> <http://en.wikipedia.org/wiki/File:SOA-Chlamydia-trachomatis-female.jpg>



## SEPA Training of Facilitators Curriculum

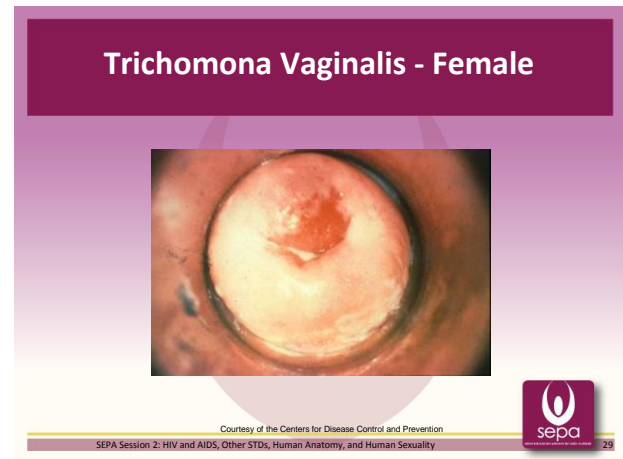
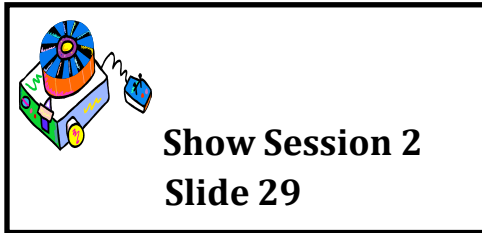


*These photos show warts on a penis and vagina. Genital warts are signs of HPV and occur in a small percentage of persons infected with HPV. Genital warts can start as very small, light-colored dots. A full-blown genital wart looks like a cauliflower and is usually fleshy and raised above the skin. Genital warts may bleed easily and itch. They can occur in singles or in clumps and in multiple locations, including on or inside the penis, vagina, anus, and mouth.*

<sup>9</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>

<sup>10</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>

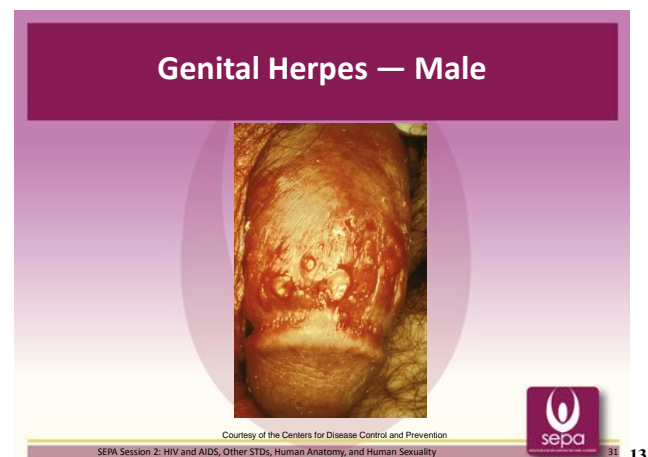
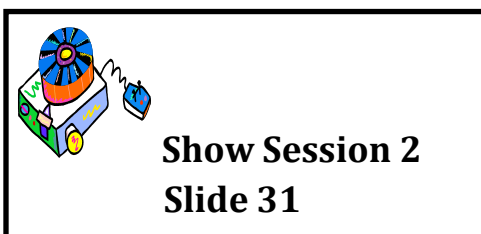
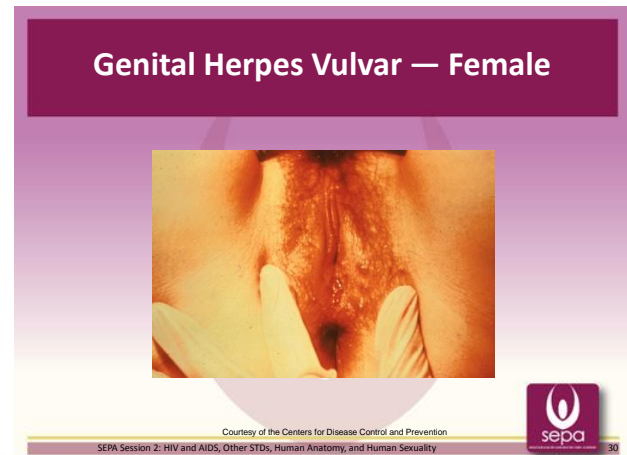
## SEPA Training of Facilitators Curriculum



*This photo shows symptoms of trichomoniasis in a woman's cervix.*

*Trichomoniasis is a parasitic STD transmitted through vaginal intercourse that affects both women and men; symptoms are more common in women. Symptoms include a yellow-green vaginal discharge with a strong odor, discomfort during sexual intercourse and urination, and irritation and itching of the female genital area. Symptoms usually appear in women within five to 28 days of exposure. The vagina is the most common site of infection in women, and the urethra (urine canal) is the most common site for infection in men. Women can acquire the disease from infected men and women, but men usually contract it from infected women.*

<sup>11</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>



*Symptoms of genital herpes include blisters in the genital area and other areas of the body, such as the mouth, eyes, and skin. Genital herpes is contagious when the blisters burst and the liquid comes in contact with skin. Genital herpes can be transmitted to your baby during delivery as the baby passes through the birth canal. If a woman has active genital herpes lesions at the time of delivery, a cesarean delivery (c-section) may be recommended to protect the baby from infection. There is no cure for genital herpes; treatment exists to control symptoms.*

<sup>12</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>


<sup>13</sup> <http://www.cdc.gov/std/training/clinicalslides/slides-dl.htm>




### What To Do if You Think You May Have an STD

- If you or your partner have symptoms of an STD, see your health care provider or go to a local STD clinic
- If you are infected, follow the recommended treatment.
- Ask your partner to get tested and treated.
- Abstain from sex until treatment is complete.

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*If you or your husband or partner have symptoms of an STD, you should immediately see your health care provider to find out if you are infected. You can also go to a local STD clinic for confidential testing. If you are diagnosed with an STD, get the treatment your health care provider suggests. Your partner must also be treated. You should not have sex until both of you have completed treatment. Without treatment, an infected partner can continue to transmit the STD.*



**Facilitator's Note:**  
Inform participants that STD exams are not routine or part of a general health care visit.

Question to prompt discussion:

- *Continuing with the story of Juanita, do you think José should be tested for genital herpes?*

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Possible response:

- Yes. José probably doesn't believe he had an STD because he didn't know you can get infected from receiving oral sex. Juanita went to the doctor at the clinic and found out she had genital herpes. Although she told José, he probably thinks she got infected by someone else. Juanita's doctor could arrange for the health department to contact José and tell him he was exposed to the virus.

*The majority of STDs are treatable. There are many risks to not treating STDs. Women can transmit infection during pregnancy and childbirth. HPV can lead to infertility and cervical cancer in women and it can also cause cancer in men. Hepatitis B can cause severe liver damage. Having an STD makes men and women more vulnerable to HIV infection during unprotected sex.*

*Women who have unprotected sex should get tested for STDs regularly. Early diagnosis and treatment are very important for a woman's health and the health of future children. You can find a local STD test site by visiting [www.hivtest.org](http://www.hivtest.org).*



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

*What are your thoughts about the information just presented?*

*Repeating information in different ways is an important teaching method. We are going to repeat the true/false activity, but this time we will focus on STDs. Each true/false statement should be read aloud either by the facilitator or*

## SEPA Training of Facilitators Curriculum

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*by a group member. Participants should vote on whether the statement is true or false after each statement is read.*



*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

### THE TRUTH ABOUT STDs



#### Group Activity



**Purpose:** To learn the truth about STDs



**Needed Equipment, Supplies, and Materials:** Participant Workbooks, slides 33–40



**Time:** 10 minutes

The following activity focuses on the facts about STDs and reinforces the previous discussion.

*Let's review the facts about STDs using another true and false activity. Remember, this is not a test, but a way to help us all understand the facts about STDs. Keep an open mind and remember we are here to learn, not to critique others about their beliefs.*

Ask participants to turn to “Session 2, Worksheet 4: The Truth about STDs” in their workbooks. Give participants five minutes to complete the worksheet, and then review Slides 33–40.




### The Truth about STDs

- STDs are sexually transmitted diseases, which means they can only be transmitted through sexual intercourse.

**FALSE**

Although STDs are called sexually transmitted diseases, sex is not the only way transmission can occur. Skin-to-skin contact can transmit the following STDs from an infected person to someone who is not infected: HPV, genital herpes, gonorrhea, and syphilis.



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*STDs are sexually transmitted diseases, which means that they can only be transmitted through sexual intercourse.*

Answer:

*This is a false statement. Although STDs are called sexually transmitted diseases, sex is not the only way transmission can occur. Skin-to-skin contact can transmit the following STDs from an infected person to someone who is not infected: HPV, genital herpes, gonorrhea, and syphilis. Hepatitis B can be transmitted by injection drug use.*




### The Truth about STDs

- People always know when they have a sexually transmitted disease because there are symptoms.

**FALSE**

Men and women often don't have symptoms of infection from an STD. For example, chlamydia and gonorrhea are STDs for which there are often no symptoms.



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*People always know when they have a sexually transmitted disease because there are symptoms.*



## SEPA Training of Facilitators Curriculum

Answer:

*This is false. Men and women often don't have symptoms of infection from an STD. For example, chlamydia and gonorrhea are STDs for which there are often no symptoms.*



### The Truth about STDs


- If signs and symptoms of STDs disappear, the individual is no longer infected.

**FALSE**

*Having symptoms that disappear does not mean a person with an STD is no longer infected.*

*Many STDs do not produce symptoms. A person with syphilis can have symptoms that clear up on their own, even when the infected person has not received treatment.*

*It is very important for persons with STDs, and their partners, to receive treatment and to complete the medications prescribed by their health care providers.*



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*If signs and symptoms of STDs disappear, the individual is no longer infected.*

Answer:

*This, too, is false. Having symptoms that disappear is not an indication that a person with an STD is no longer infected. Many STDs do not produce symptoms in men and women. A person with syphilis can have symptoms that clear up on their own, even when the infected person has not received treatment. It is very important for persons with STDs, and their partners, to receive treatment and to complete the medications prescribed by their health care providers.*



### The Truth about STDs


- If your husband or partner has a bacterial STD, you should be treated even if you have no symptoms.

**TRUE**

*If your partner has been diagnosed with chlamydia, gonorrhea, or syphilis, you and your partner should get treatment.*

*During treatment, both partners should abstain from sex.*

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*If your husband or partner has a bacterial STD, you should be treated even if you have no symptoms.*

Answer:

*This is true. If your partner has been diagnosed with chlamydia, gonorrhea, or syphilis, you and your partner should get medication to cure the infection. During treatment, both of you should abstain from sex.*




### The Truth about STDs

- You cannot get an STD from giving or receiving oral sex.

**FALSE**

*Many STDs are transmitted by oral sex. A man who receives oral sex from an infected partner can get chlamydia, gonorrhea, herpes, and syphilis. A woman who receives oral sex from an infected partner can get herpes and syphilis.*

SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



*You cannot get an STD from giving or receiving oral sex.*

Answer:

*This is false. Many STDs are transmitted by oral sex. A man or woman who receives oral sex from an infected partner can get chlamydia, gonorrhea, herpes, and/or syphilis.*

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**The Truth about STDs**

- There is a vaccine that prevents infection from the Hepatitis B virus.

**TRUE**

*Your doctor can tell you about this vaccine.*

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*There is a vaccine that prevents infection from the Hepatitis B virus.*

Answer:

*This is true. Your doctor can tell you about this vaccine. There is also a vaccine to prevent infection from HPV. Ask your doctor about both of these.*




**The Truth about STDs**

- You don't have to have sex to get gonorrhea and syphilis.

**TRUE**

*Both gonorrhea and syphilis can be transmitted by skin-to-skin contact.*

SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



*You don't have to have sex to get gonorrhea and syphilis.*

Answer:

*True. Both gonorrhea and syphilis can be transmitted by skin-to-skin contact.*




### The Truth about STDs

- If you have an STD and have unprotected sex with a person who is infected with HIV, you increase your chances of getting HIV.

**TRUE**

*Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV if they are exposed to the virus through sexual contact.*

*If an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.*




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*If you have an STD and have unprotected sex with a person who is infected with HIV, you increase your chances of getting HIV.*

Answer:

*This is true. According to the CDC, individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.*

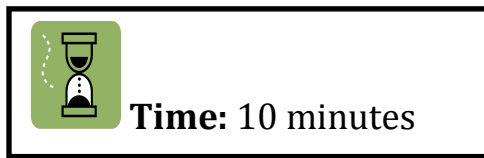


**Facilitator's Note:**

Consider learning more about STDs from the CDC's web site. You can print out factsheets for participants and find other valuable information. The web site is <http://www.cdc.gov/std/>.

# SEPA Training of Facilitators Curriculum

## Wrap-Up Activities



Wrap up activities are designed to review key messages, assign homework, and provide time for session evaluations.

*Now we will review and summarize the main ideas we have discussed today. If you have any doubts or questions, this is the time to talk about them.*




Refer participants to “Session 2, Worksheet 5: Session 2 Key Messages” in their workbooks. Show Slides 41 and 42 as key messages are reviewed.



### Session 2 Key Messages

- You can be infected with an STD and have no symptoms.
- It can take years for symptoms of some STDs to develop.
- Having an STD raises the risk of contracting HIV infection.
- You can get an STD test from your health care provider, local health department's STD clinic, or go to [www.hivtest.org](http://www.hivtest.org) for a list of local testing centers.
- The National STD-CDC Hotline: 1-800-232-4636

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*You can be infected with an STD and have no symptoms.*

*It can take years for symptoms of some STDs to develop.*

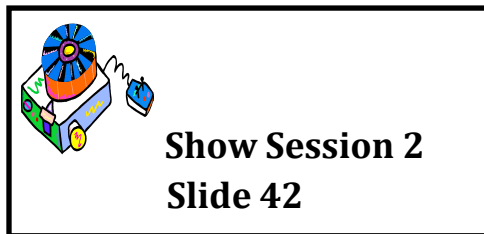
*Having an STD raises the risk of contracting HIV infection.*

## SEPA Training of Facilitators Curriculum

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*You can get an STD test from your health care provider, local health department's STD clinic, or go to [www.hivtest.org](http://www.hivtest.org) for a list of local testing centers.*


*STD information, including clinics for testing, is available in English and Spanish from the Centers for Disease Control and Prevention, 24 hours a day, 7 days a week, 365 days a year, by calling 1-800-232-4636.*



**Session 2 Key Messages**

- There is no cure for some STDs, such as HPV.
- Many STDs that can't be cured can be treated, such as genital herpes. However, there are vaccines available that prevent hepatitis B and HPV.
- If you have an STD, you and your partner should both be treated.
- To reduce the risk of getting an STD, your partner should wear latex condoms.

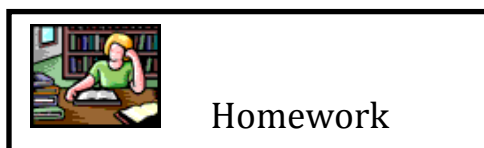
SEPA Session 2: HIV and AIDS, Other STDs, Human Anatomy, and Human Sexuality



*There is no cure for viral STDs, such as HPV, but some viral STDs can be treated, such as genital herpes. However, there are vaccines available that prevent hepatitis B and HPV.*

*If you have an STD, you and your partner should both be treated.*

*To reduce the risk of getting an STD, your partner should wear latex condoms.*

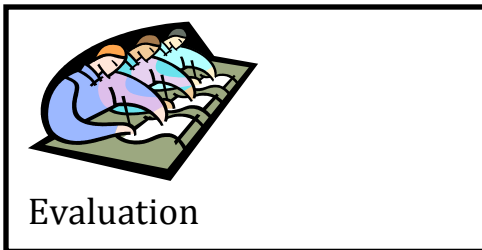


*Let's turn to "Session 2, Worksheet 6: Learning about Myself" in your workbooks. This is your second homework assignment.*

## SEPA Training of Facilitators Curriculum

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*We have spent time today learning about our anatomy. Your second assignment is to look at your genitals in the mirror because it's important to know what they look like. By knowing what your genitals look like normally, you will be able to notice an abnormality that may be a symptom of an STD. In addition, knowing more about your anatomy will help you correctly use condoms. After you have looked at your genitals, answer the questions on the worksheet.*



Refer participants to “Session 2, Worksheet 7: Session 2 Evaluation” in their workbooks. Ask them to complete the evaluation worksheet.

*Before we leave, please complete these evaluation sheets. When you are finished, tear the sheets out of your workbook and place them on the table. I will review them and see where improvements are needed.*

*Thank you for your time and attention. I look forward to seeing you at our next session, which is [date/day/time]. We will spend more time on HIV and STD prevention and learn how to use condoms correctly. It will be a great session. Please do your best to attend and have a good week.*



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD “STOP” FACING EVERYONE.*

### Facilitator Feedback



**Time:** 10 minutes

Initiate a feedback discussion with facilitators about the session. Ask facilitators to describe how the session felt and what concerns they may have about implementing the session with participants. Answer all facilitator questions about the session.



**LUNCH**

### SESSION 3: HOW TO PREVENT HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

#### Introduction



**Purpose:** To introduce Session 3 and its materials and core elements



**Time:** 5 minutes

Session 3 focuses on HIV prevention and thereby provides information and practice exercises for STD prevention. Remind facilitators that there is typically a week between sessions and that rapport building should be encouraged between the facilitator and SEPA participants as well as among SEPA participants. Strategies that can be used are the same as those discussed previously.

Refer to Session 3 in the Facilitators Guide and ask facilitators to continue to use the guide to follow the training.



***IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.***

*We are up to Session 3. The goal of Session 3 is to discuss ways to prevent HIV and other STDs through three methods: abstinence, mutual fidelity, and condoms.*

## SEPA Training of Facilitators Curriculum

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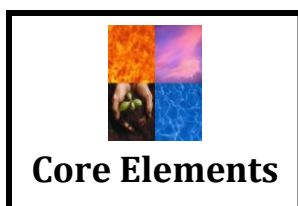
*Let's open the Facilitators Guide to the first page of Session 3. Like Sessions 1 and 2, the first page includes an overview.*

*You will need the following materials to implement Session 3:*

- ☐ *Facilitators Guide*
- ☐ *Participant Workbooks*
- ☐ *CD of Session 3 PowerPoint slides*
- ☐ *LCD projector*
- ☐ *Laptop computer*
- ☐ *Screen*
- ☐ *Podium*
- ☐ *Newsprint*
- ☐ *Easel stand*
- ☐ *Paper*
- ☐ *Markers*
- ☐ *Pens and pencils*
- ☐ *Nametags*
- ☐ *Penis model — enough for one model for every two participants*
- ☐ *Male condoms*
- ☐ *Female condoms*
- ☐ *Bottle for female condom demonstration — enough for one bottle for every two participants (the opening or mouth of the bottle should be about two inches in diameter)*

*Turn to the core elements page of Session 3 in the Facilitators Guide. For each core element, you can see the associated activity. As mentioned earlier, we indicate core elements and associated activities to remind facilitators of the need to implement SEPA with fidelity to core elements.*

## SEPA Training of Facilitators Curriculum



CORE ELEMENT	ACTIVITIES
<p><b>Core Element 1:</b> Provide culturally and linguistically appropriate information to sexually active women at risk of acquiring HIV from unprotected sex with male partners in interactive, small group sessions that focus on</p> <ul style="list-style-type: none"><li>• HIV and STD transmission and prevention;</li><li>• human sexuality and male and female anatomy;</li><li>• interpersonal communications; and</li><li>• relationship violence.</li></ul>	<p><u>Discussions</u></p> <ul style="list-style-type: none"><li>• Protecting your family's health</li><li>• Fidelity</li></ul> <p><u>Group Activities</u></p> <ul style="list-style-type: none"><li>• Abstinence</li><li>• The truth about condoms</li></ul>
<p><b>Core Element 2:</b> In addition to presentations and discussion, incorporate skill-building activities to enhance women's self-efficacy for safer sex behaviors, including demonstrations and practice exercises on male and female condom use and role-playing on assertive communication with sex partners, including condom negotiation.</p>	<p><u>Demonstrations and Practice Exercises</u></p> <ul style="list-style-type: none"><li>• The male condom</li><li>• The female condom</li></ul>
<p><b>Core Element 3:</b> Build self-efficacy and knowledge for safer sex behaviors, improved communication with partners, and violence management through homework exercises and the sharing of personal experiences.</p>	<p><u>Homework</u></p> <ul style="list-style-type: none"><li>• Homework review</li><li>• Homework assignment</li></ul>

## SEPA Training of Facilitators Curriculum

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*For the next few hours, we will implement Session 3 as if you were SEPA participants. As with Sessions 1 and 2, all of Session 3 will be reviewed. Feel free to ask questions about the material and about how to perform activities as we go through the session.*



*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

## WELCOME PARTICIPANTS



### Discussion



**Purpose:** To welcome participants back, review the key messages from Session 2, review Session 2 homework, and introduce Session 3



**Needed Equipment, Supplies, and Materials:** Session 3 slides 1–3, Participant Workbooks



**Time:** 10 minutes

Welcome participants back, and encourage them to talk to each other before you officially begin the session. Then begin Session 3.

*Welcome to Session 3 of Project SEPA. It's wonderful to see you. How many of you attended Sessions 1 and 2? Those who did will receive certificates during Session 6.*

*Today's session is really important because we will learn how to protect ourselves from HIV and other STDs.*

### **Session 2 Review**

Session reviews help reinforce lessons learned from the prior session. Use this time to answer any remaining questions from Session 2.

## SEPA Training of Facilitators Curriculum

*We learned a lot about STDs last week. Here are some questions to help us remember what we learned.*

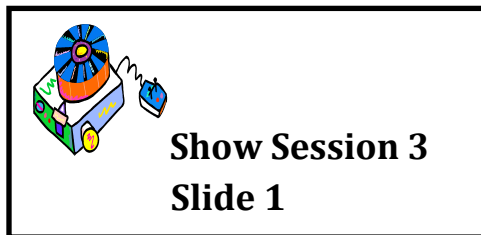
Questions to prompt discussion:

- *If you think you may have an STD, what should you do?*
- *Where can you go to get an HIV test?*

Possible responses:


- If you think you have an STD, go to the clinic or your family doctor.
- Call the CDC information line or go to the CDC website.
- Call your local health department.
- Look up the closest STD clinic.
- Use [www.hivtest.org](http://www.hivtest.org) to find a site.

*Let's continue to review Session 2 because it sets the stage for our session today.*



### Session 2 Key Messages

- You can be infected with an STD and have no symptoms.
- It can take years for symptoms of some STDs to develop.
- Having an STD raises the risk of contracting HIV infection.
- You can get an STD test from your health care provider, local health department's STD clinic or go to [www.hivtest.org](http://www.hivtest.org) for a list of local testing centers.
- The National STD-CDC Hotline: 1-800-232-4636.



SEPA Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases 1

## SEPA Training of Facilitators Curriculum

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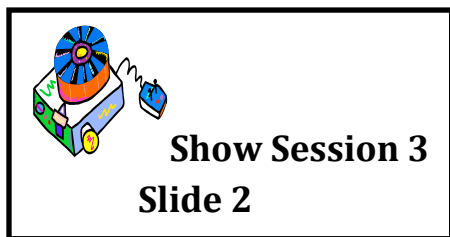
*You can be infected with an STD and have no symptoms.*

*It can take years for symptoms of some STDs to develop.*

*Having an STD raises the risk of contracting HIV infection.*


*You can get an STD test from your health care provider or a local health department's STD clinic, or go to [www.hivtest.org](http://www.hivtest.org) for a list of local testing centers.*

*STD information, including clinics for testing, is available in English and Spanish from the Centers for Disease Control and Prevention, 24 hours a day, 7 days a week, 365 days a year by calling 1-800-232-4636.*



### Session 2 Key Messages

- There is no cure for some STDs, such as HPV – Human Papillomavirus.
- Many STDs that can't be cured can be treated, such as genital herpes. However, there are vaccines available that prevent hepatitis B and HPV.
- If you have an STD, you and your partner should both be treated.
- To reduce the risk of getting an STD, your partner should wear latex condoms.



SEPA Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases

*There is no cure for some STDs, such as HPV.*

*Many STDs that can't be cured can be treated, such as genital herpes. However, there are vaccines available that prevent hepatitis B and HPV.*

*If you have an STD, you and your partner should both be treated.*

*To reduce the risk of getting an STD, your partner should wear latex condoms.*

*Do you have questions?*



## SEPA Training of Facilitators Curriculum

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### Homework Review

Homework reinforces concepts presented during each session. Encourage participants to share their experiences with homework assignments.

*Last time we talked about the importance of knowing what healthy genitals look like so you can be aware of possible infection. How many of you spent some time looking at your genitals? I know this was a unique assignment.*

*Turn to your workbooks where you noted your answers to questions about this experience. Who wants to share her responses?*

*Thank you so much; some of these topics are not easy to talk about and I respect you for being so open and honest.*



#### **Facilitator's Note:**

Thank participants for completing their homework and sharing with the group.



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

*The homework for Session 2 was for SEPA participants to spend some time examining their genitals. There will be some participants who did not complete the homework. Encourage them to do it another time. When reviewing the homework, ask participants to describe how it felt to look at their genitals, what they learned from the experience, and how the exercise could help them in the future.*

## SEPA Training of Facilitators Curriculum

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*What challenges do you think will arise during this homework review?*

Possible responses:

- Participants will be embarrassed and will not talk.
- Participants may not have done the homework because it was uncomfortable for them.



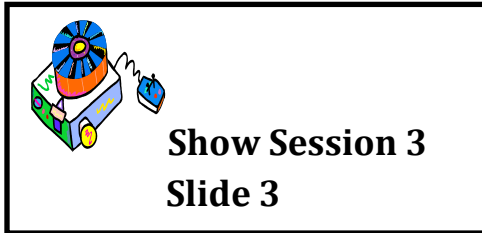
*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

*Today we're going to focus on ways to prevent HIV and other STDs and this means we will spend time learning about condoms. This fits in with Session 2 and the Session 2 homework because in order to use condoms correctly it's necessary to know about anatomy. Two obvious examples are that male condoms go on the penis; female condoms are inserted into the vagina. Today, you will use what we learned to practice correct condom use.*

# SEPA Training of Facilitators Curriculum

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## Session Objectives



### Session 3 Objectives

By the time we finish today, you will be able to:

- Identify at least two methods to prevent the sexual transmission of HIV and AIDS
- Correctly use male and female condoms



SEPA Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases

*Here are today's objectives.*

*By the time we finish today, you will be able to:*

- *Identify at least three methods to prevent the sexual transmission of HIV and AIDS*
- *Correctly use male and female condoms*

### PROTECTING YOUR FAMILY'S HEALTH



#### Discussion



**Purpose:** To identify how health topics were discussed among family members



**Time:** 10 minutes

*We have discussed the impact of HIV and AIDS on the Latino community. We have also discussed the importance of sharing the information you learn from SEPA with other people so they can live healthier lives. All of us want to have healthy families and healthy communities.*

Questions to prompt discussion:

- *When you lived with your parents, what did they do to keep the children healthy?*
- *Did your mother or a sister talk to you about menstruation, dating, and STDs?*
- *Do you recall having any discussions with your parents or other family members about HIV and AIDS?*

## SEPA Training of Facilitators Curriculum

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Possible responses:

- All of us were well fed; my mother made native dishes from Mexico.
- We went to see the doctor every year.
- My cousin told me what my period was.
- My mother said I better not get an STD.

*As you learn more about HIV, STDs, and other health topics, please share information with members of your family. Our family's health is important to all of us. If you have children, talk to them about ways to help protect their health. Because we want healthy families and healthy communities, we're going to talk about HIV prevention in more detail.*

## ABCS OF HIV PREVENTION



### Discussion and Group Activity



**Purpose:** To discuss strategies of HIV prevention, including abstinence and fidelity



**Needed Equipment, Supplies, and Materials:** Slides 4–6, Participant Workbooks, newsprint, markers



**Time:** 40 minutes

When families talk to each other about how to stay healthy and prevent HIV, three strategies should be highlighted. These strategies are abstinence, faithfulness (or mutual fidelity), and condom use. The goal of the following discussions is to introduce strategies. Additional discussions and exercises during this session will provide more detail about each strategy.



**Show Session 3  
Slide 4**

### The ABCs of HIV Prevention

A = Abstinence

B = Be faithful

C = Condoms



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## SEPA Training of Facilitators Curriculum

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*You may have heard about the A, B, Cs of HIV prevention. A stands for “abstinence.” The only sure way to prevent HIV infection from sex is not to have sex. This is what abstinence means.*

*B stands for “be faithful.” This means that you will not get infected if you have sex with only one person who is not infected with HIV and you are both faithful to each other.*

*C stands for “condoms.” If you use a condom the right way every time you have sex when you don’t know your partner’s HIV status or when your partner is infected, you are practicing HIV prevention.*

### **Abstinence**

*The following small-group activity will focus on the definition of abstinence.*

*Divide into groups that have at least three but no more than five participants. Turn to “Session 3, Worksheet 1: What is Abstinence?” in your workbooks. This worksheet lists sexual activities. In your groups, come up with a definition of abstinence and then decide as a group whether each activity meets the definition. Place a check next to the activities that represent abstinence. When there is disagreement, circle the activity and we can discuss it in the larger group.*

After the groups have had approximately five minutes to discuss the worksheet, begin discussion.

*I have some questions for you.*

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Questions to prompt discussion:

- *If a woman receives oral sex, is she being abstinent? Why or why not?*
- *When a woman dates three men at a time, is she being abstinent?*

*Let's go through the list on the worksheet.*

*If you and your boyfriend hold hands, are both of you being abstinent?*

Continue reviewing the worksheet by asking if each activity reflects abstinence.

If disagreement occurs for a specific sexual activity, ask:

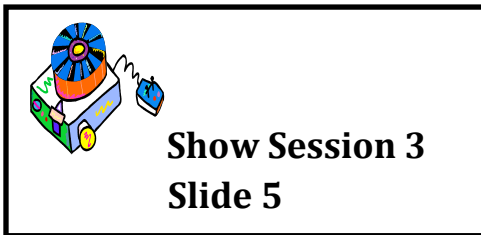
*Could this happen in real life? Could one partner think a sexual activity is being abstinent and the other partner think it's not abstinence? How can you prevent HIV and other STDs if you and your partner have different definitions of abstinence?*

Ask each group to state its definition of abstinence and write definitions on newsprint. Ask participants to vote for the definition they think is most accurate.

*When a man and woman have different definitions of abstinence, it makes HIV prevention difficult. Why do you think this is the case?*

*If someone's definition of abstinence does not actually prevent HIV, then the behavior is not really abstinence. Abstinence is the only sure way to prevent sexually transmitted HIV. If, for example, a man thinks that abstinence is having anal sex with you because your virginity is not threatened, he is wrong. Having anal sex is not being abstinent because HIV can be transmitted.*






### Abstinence


- Abstinence means choosing not to engage in sexual activities that can transmit HIV and other STDs.
- Abstinence can include sexual contact but it cannot include activities that can transmit HIV and other STDs.
- Abstinence means not having oral, vaginal, and anal sex.

SEPA Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases



*Abstinence means voluntarily choosing not to engage in sexual activities that can transmit HIV and other STDs and cause pregnancy.*

*Sexual activities that can transmit infection include oral, vaginal, and anal sex. Some people think that abstinence means no genital contact because some STDs can be transmitted by skin-to-skin contact. Abstinence doesn't have to be an "all or nothing" decision. Some people may be comfortable having abstinence include kissing and hugging, or even other forms of intimacy, such as touching the genitals. The point is that you're not being abstinent if you have intercourse or oral sex, and abstinence is the only foolproof way to prevent HIV.*



**Facilitator's Note:**

You may want to review information on STDs that can be spread by skin-to-skin contact for discussion of genital contact and abstinence.

### Fidelity

*The purpose of the following discussion is to talk about fidelity.*

## SEPA Training of Facilitators Curriculum

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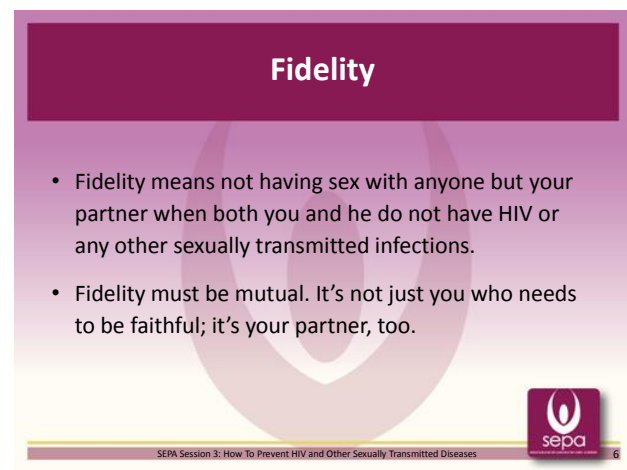
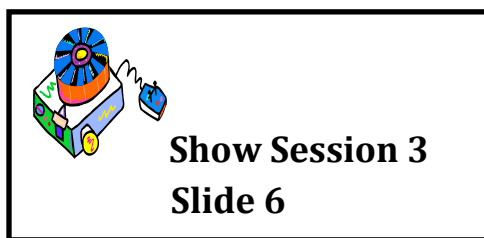
*The second way to prevent HIV is to Be faithful. The “B” in the ABCs of prevention stands for being faithful, or practicing fidelity.*

Engage participants in a discussion about mutual fidelity.

Question to prompt discussion:

- *What does being faithful mean?*

Write definitions of fidelity on the newsprint, with challenges to maintaining mutual fidelity. After participants have had time for discussion, read Slide 6.



*For HIV and STD prevention, fidelity means not having sex with anyone but your partner when both you and he do not have HIV or any other sexually transmitted infections. Fidelity must be mutual. It's not just you who needs to be faithful; it's your partner, too.*

*Being faithful is an HIV prevention method because it means that both you and your partner are not having sex with any other person and that the two of you do not have an STD, including HIV.*

Question to prompt discussion:

## SEPA Training of Facilitators Curriculum

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- *How can you find out whether your partner has HIV or an STD?*

Possible responses:

- You can ask him
- You can ask to see test results
- You can go with him to get tested

Question to prompt discussion:

- *What if he asks you the same question about having HIV or an STD? What would you say?*

Possible responses:

- I would tell him the truth – that I don't have any infections
- I think I would get angry, but if I can ask, then why can't he?
- The best thing is for both of us to get tested

*When men and women have been sexually active and have had unprotected sex, the only way to find out about infections is testing. You have to get an HIV test and tests for STDs to be completely sure about your HIV status and about having any STDs.*

*We need to be honest and point out that fidelity can be difficult for some people.*

Question to prompt discussion; facilitator should note responses on newsprint.

## SEPA Training of Facilitators Curriculum

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- *What can make fidelity difficult?*

Possible responses:

- Machismo can make fidelity difficult for some Latino men who think it is masculine to have multiple sex partners.
- Social pressure can make some men and women think they should “play the field.”
- Some people like to have casual sex with multiple partners.
- We mentioned drugs and alcohol during Session 2. Sometimes men and women who use drugs or alcohol take risks that may harm their health. For example, when men or women use drugs or alcohol, they may engage in unprotected sex or not be faithful to their partners.

Question to prompt discussion:

- *Although mutual fidelity may be difficult, why is it important for you and your partner to talk about being faithful to each other?*

Possible responses:

- It's important because of health — not wanting to get an STD.
- If you have a good relationship, you should be able to talk about anything.
- If you have children, you want to make sure you stay healthy to care for them.

## SEPA Training of Facilitators Curriculum

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*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

*What do you think about the material on the A, B, Cs of prevention?*

*The rest of Session 3 is designed to educate SEPA participants about condoms. Condom use is one method to prevent the transmission of HIV. Many participants will have misperceptions about condoms. It's your job as facilitator to provide the facts so that each woman can make an informed decision about her options for safer sex.*

*SEPA emphasizes that condoms should be used as a precaution in new or long-term relationships. Remember the eligibility criteria: Women must have had unprotected sex with a man of unknown serostatus or with a man living with HIV, or have had treatment for an STD within the past six months. Assuming that participants are truly eligible, this means that women in long-term relationships do not know if their partners are infected. If their partners have HIV and they are having unprotected sex, there is no doubt about the need for protection. If women are in long-term relationships and have had STDs, then either they or their partners have not been faithful.*

*Also remember that SEPA seeks to change attitudes about condom use and intentions to have safer sex.*

*Let's take some time to brainstorm what beliefs future participants may have about condoms.*

Questions to prompt discussion:

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- *What work experiences have you had that revealed the attitudes of Latina clients about condoms?*
- *What is your understanding of cultural beliefs that can affect condom use by Latinos?*

Possible responses:

- I have worked with Latinas and many are afraid to mention condoms to their boyfriends.
- From a cultural perspective, Latinas will not argue with men over condoms.
- Some women think using condoms is the man's decision and if he doesn't use them, it's not their business to say anything.
- Some women are afraid their friends will make fun of them if they use condoms.

*Beliefs can be difficult to change. Some of your participants may not be quick to take your word about condoms because they may be misinformed and believe some myths are true. As facilitators, how would you handle the following situation?*

*As facilitator, you state that condoms are an effective method to prevent the transmission of HIV infection.*

*A participant responds that condoms don't work and says that her sister uses condoms when she has sex and she just tested positive for chlamydia.*

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Possible responses:

- The sister obviously didn't use condoms every time she had sex.
- Maybe the sister didn't make sure her partners used latex condoms.
- State the facts: Condoms may not provide absolute protection against HIV, but studies show that latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV.

After facilitators have had sufficient time to brainstorm, provide the following information.

*I want to review some technical information about condoms from the CDC so you can be better prepared to respond to questions.*

*Condoms are not 100 percent effective in preventing the transmission of HIV or other sexually transmitted diseases, but latex condoms used consistently and correctly are highly effective in preventing the sexual transmission of HIV.*

*In regard to STDs, the CDC states that male latex condoms block the transmission and acquisition of STDs by preventing contact between the condom wearer's penis and his partner's skin, mucosa, and genital secretions. A greater level of protection is provided for the diseases transmitted by genital secretions. A lesser degree of protection is provided for genital ulcer diseases and HPV because these infections also may be transmitted by exposure to areas that are not covered or protected by the condom, such as infected skin and mucosal surfaces.*

*Let's do a short role-play. I will make statements in the role of SEPA participants and you will act as facilitators. Anyone can respond after I make a statement.*

## SEPA Training of Facilitators Curriculum

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*Condoms only work if you use two. The more the better! I have always done this and never had an STD.*

Possible response:

- The use of two condoms increases the possibility of friction and the probability of rupture, meaning the condoms will not be good protection against HIV.

*If I talk about condoms with my daughter, she's going to think it's OK to have sex.*

Possible response:

- Talking about sex does not mean you are giving your approval. Sharing your views is important. Let your daughter know that safety is your primary concern. According to former U.S. Surgeon General Dr. Joycelyn M. Elders, there has never been a study that has documented that teaching young people about sex increases sexual activity. Most studies say it decreases sexual activity.

*I'm Catholic and condoms are against my religion.*

Possible response:

- Condoms protect your health and you are here to learn how to prevent sexually transmitted diseases. If you have something that's contagious, you would go to the doctor because you wouldn't want to jeopardize your health and the health of other people. The same argument can be made about condoms. However, if you believe it is wrong to violate the teachings of the Catholic Church, and if you believe it is wrong to use condoms, then the A and B of the ABCs of HIV prevention — abstinence from sexual intercourse or mutual fidelity between you and your partner — should be followed.



## SEPA Training of Facilitators Curriculum

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Discuss any challenges that facilitators think will result from this exercise.



***IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.***

### The Truth about Condoms



#### Group Activity



**Purpose:** To learn the facts about condoms



**Needed Equipment, Supplies, and Materials:** Participant Workbooks, newsprint, markers, Slides 7–11

*Many women don't know that correct and consistent condom use will protect them from HIV. In fact, many women have false beliefs about condoms. Now we will learn the truth about condoms.*

*The C in the ABCs of prevention stands for "correct and consistent condom use." Using condoms can protect you from contracting STDs, including HIV.*

## SEPA Training of Facilitators Curriculum

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*There are many myths and false beliefs about condoms. Let's talk about them and learn the truth about condoms.*



### **Facilitator's Note:**

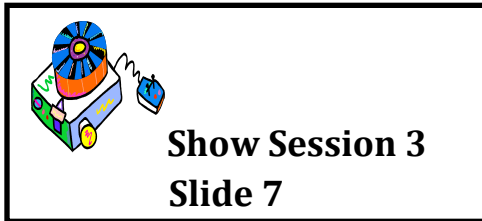
Relate a belief that you or your friends had about condoms to help participants feel more at ease. For example, your friends could have thought that condoms can get stuck inside your body and you could never get them out.

*Who can state a rumour, myth, or belief that you have heard about condom use? You can also share a personal or a community belief. Our goal is to discuss these myths as a group so that we can learn the truth about condoms.*

Write all myths/rumors/false beliefs on the newsprint. After you have a working list, begin to educate participants by presenting facts about condoms.

*Remember, everything we say in the group stays in the group. It's important to maintain each other's confidentiality so that we can feel comfortable being open and honest with each other. We hope you will share the knowledge you gain today about condoms with your partner, husband, family, and friends. But, as we have said before: Don't share personal information about members of this group.*

*Also remember that we're not here to test your knowledge. Use this opportunity to learn the truth about condoms. Keep an open mind and remember we are here to learn, not to critique others about their beliefs.*



### The Truth about Condoms

- Condoms break fairly frequently.

**FALSE**

*It is rare for a condom to break when it is used properly. Latex condoms should be used. Oil-based lubricants, such as vaseline, should not be used because they can damage the latex and make the condom break.*

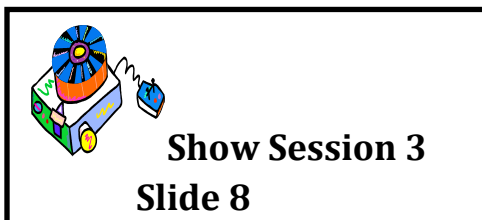
SEPA Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases



*Condoms break fairly frequently.*

Answer:

*This is false. It is rare for a condom to break when it is used properly. Use latex condoms and don't use oil-based lubricants, such as Vaseline, because they can damage the latex and make the condom break.*



### The Truth about Condoms

- HIV, the virus that causes AIDS, can pass through a condom.

**FALSE**

*Condoms made of latex provide a barrier against HIV and other viruses. This is why latex condoms should be used. Natural membrane condoms, such as lambskin, should not be used.*

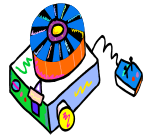
SEPA Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases



*HIV, the virus that causes AIDS, can pass through a condom.*

Answer:

*This, too, is false. Condoms made of latex provide a barrier against HIV and other viruses. This is why latex condoms should be used and why natural membrane condoms, such as lambskin condoms, should not be used.*



### Show Session 3 Slide 9

#### The Truth about Condoms

- The male condom should be put on the penis just before the man ejaculates.

**FALSE**

Men produce a secretion from an erect penis before ejaculation called pre-ejaculate or pre-cum. This secretion can contain HIV if the man is infected. The male condom should be put on as soon as the penis is erect.



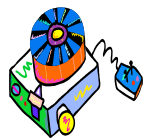
SEPA Session 3: How To Prevent HIV and Other Sexually Transmitted Diseases

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*The male condom should be put on the penis just before the man ejaculates.*

Answer:

*This is false. Men produce a secretion from an erect penis before ejaculation called pre-ejaculate or pre-cum. This secretion can contain HIV if the man is infected. Therefore, you need to make sure your partner wears a latex condom when he first gets an erection, not just before he is ready to ejaculate or climax.*



### Show Session 3 Slide 10

#### The Truth about Condoms

- It is better for a man to use two condoms to double the amount of protection.

**FALSE**

The use of two condoms increases the possibility of friction and the probability of rupture, meaning the condoms will not be good protection against HIV.



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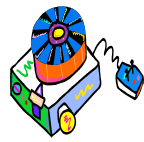
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*It's better for a man to use two condoms to double the amount of protection.*

Answer:

*This is also false. The use of two condoms increases the possibility of friction and the probability of rupture, meaning the condoms will not be good protection against HIV.*

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## Show Session 3 Slide 11

### The Truth about Condoms

- There is a female condom that provides protection from HIV and other STDs.

#### TRUE

*The female condom is a polyurethane pouch that fits into the vagina. According to a report from the 2005 Global Consultation on the Female Condom, studies show that the female condom is as effective as the male condom at preventing sexually transmitted infections.*



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*There is a female condom that provides protection against HIV and other STDs.*

Answer:

*This is true. The female condom is a polyurethane pouch that fits into the vagina. According to a report from the 2005 Global Consultation on the Female Condom, studies show that the female condom is as effective as the male condom at preventing sexually transmitted infections.<sup>14</sup> We will learn more about the female condom later in the session.*



### Trainer's Note:

Relate a belief that you or your friends had about condoms to help participants feel more at ease. For example, your friends could have thought that condoms can get stuck inside your body and you could never get them out.

<sup>14</sup> <http://www.unfpa.org/public/cache/offonce/publications/pid/376> (United Nations Population Fund). *Female condom: A powerful tool for protection*. Seattle: PATH, 2006.

### THE MALE CONDOM



#### Demonstration and Practice Exercise



**Purpose:** To learn how to correctly use a male condom



**Needed Equipment, Supplies, and Materials:** Participant Workbooks, condoms, penis models, Slides 12–17



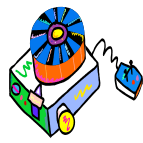
**Time:** 30 minutes

Many women assume that men know how to correctly use a condom, but incorrect use is the major cause of condom failure. The following discussion and demonstration teach participants how to correctly use a male condom. Make sure that you have enough condoms for the exercise and for participants to take home for personal use.



#### **Facilitator's Note:**

You may want to distribute brochures on how to use male and female condoms. There are many websites that have brochures, and check your local health department. Many health departments get brochures on HIV and STD prevention from The Channing Bete Company.



## Show Session 3 Slide 12

### Helpful Tips for Male Condom Use

- Always use latex condoms; they provide the best protection against HIV.
- Always check the expiration date on the latex condom packet to make sure you don't use a condom past that date.
- Use water-based lubricants on latex condoms to reduce the chance of breakage and to increase pleasure.
  - K-Y Jelly
  - Astroglide
  - Probe
  - Wet



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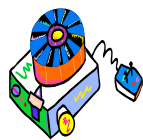
12

*Don't assume that all men know how to correctly use a condom. Incorrect use is the major cause of condom failure, which means you could be at risk of HIV infection. Here are some helpful tips for condom use:*

*Always use latex condoms; they provide the best protection against HIV.*

*Always check the expiration date on the latex condom wrapper or box to make sure you don't use a condom past that date.*

*Use water-based lubricants on latex condoms to reduce the chance of breakage and to increase pleasure. Examples of water-based lubricants are K-Y Jelly, Astroglide, Probe, and Wet.*



## Show Session 3 Slide 13

### Helpful Tips for Male Condom Use

- Don't use oil-based lubricants, such as creams, mineral and baby oil, Vaseline, and body and massage lotions. They can damage latex condoms and make them ineffective.
- Don't put the spermicide Nonoxynol-9 on a condom for protection against STDs. It does not provide protection against HIV and other STDs and it may even increase the risk of getting HIV from an infected partner.
- Use a new condom every time you have sexual intercourse. Never use the same condom more than one time.



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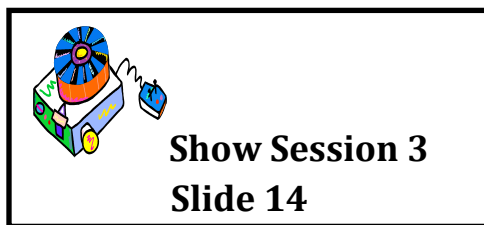
## SEPA Training of Facilitators Curriculum

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*Do not use oil-based lubricants, such as creams, mineral and baby oil, Vaseline, and body and massage lotions. They can damage latex condoms and make them ineffective.*

*Don't put the spermicide Nonoxynol-9, which is a contraceptive or method of birth control, on a condom for protection against STDS. It does not provide protection against HIV and other STDS and it may even increase the risk of getting HIV from an infected partner.*

*Use a new condom every time you have sexual intercourse. Never use the same condom more than one time.*



### Helpful Tips for Male Condom Use

- Keep condoms in a cool, dry place away from heat and sunlight, such as your bedroom night stand. Do not keep them in a medicine cabinet.
- Don't store condoms in a wallet or car because heat can damage them. If you do carry a condom in your wallet, replace it often. It is better to use a condom that has been in your wallet for a while than to not use one at all.
- Buy condoms at a drugstore or get them free from family planning agencies, STD clinics, and local health departments.



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*Keep condoms in a cool, dry place away from heat and sunlight, such as your bedroom night stand. Do not keep them in a medicine cabinet in the bathroom.*

*Don't store condoms in a wallet or car because heat can damage them. If you do carry a condom in your wallet for convenience, replace it often. However, it's better to use a condom that has been in your wallet for a while than to not use one at all.*

*Buy condoms at a drugstore or get them free from family planning agencies, STD clinics, and local health departments.*



## SEPA Training of Facilitators Curriculum

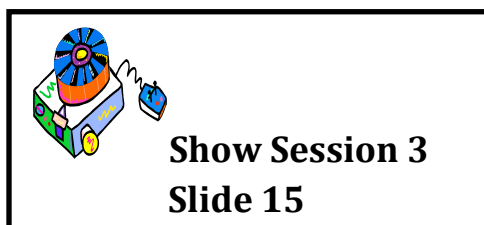
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Inform participants that they are going to practice how to correctly use a condom. Provide each woman with at least one male condom and have enough penis models, also referred to as condom demonstrators, for every two women.

*Now we are going to learn how to use a male condom.*

Refer participants to “Session 3, Worksheet 3: How to Use a Male Condom” for step-by-step directions in their workbooks.

*Please follow along in your workbooks as I read the instructions and demonstrate how to correctly put on and remove a male condom. Watch what I do and then you'll have time to practice.*



Use the penis model to demonstrate how to put a condom on an erect penis. Place the open end of the condom over the top of the penis model and carefully roll the condom down the length of the model.

***Step 1:** Check the expiration date. If the condom has not expired, remove it from the package — it is OK to use.*

*Be careful not to tear or poke a hole in the condom with a fingernail or other sharp object, and don't use your teeth to open the package. Take the condom out of the package; do not unroll it.*

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Demonstrate how to open with package and hold up the unrolled condom for all participants to see. Ask participants to open their condom wrappers and take out the unrolled condom.

***Step 2:** Use your fingers to squeeze air out of the tip of the condom to leave room for semen. Air left in the tip can cause the condom to break.*

***Step 3:** Roll the condom onto the penis. Make sure the rolled ring is on the outside of the condom.*

*This would be the shaft of an erect penis that has been circumcised.*

*Circumcised men do not have a foreskin — a fold of skin that covers the tip of the penis. Uncircumcised men or their partners need to add an extra step when putting on a condom. If your partner is not circumcised, pull back the foreskin before putting the condom on his erect penis.*

*Put the condom on the head of the penis so the reservoir tip is poking out. Some condoms don't have a tip at the end. If you use this kind of condom, leave a little space between the condom and the tip of the penis. Otherwise, semen may push up the sides of the condom and come out during intercourse.*

*Make sure that the rolled-up ring of the condom is on the outside so it can unroll. Unroll the condom over the shaft of the penis. Unroll it all the way. If it does not unroll, it is on backwards and you must start over with a new condom.*

*Make sure the condom isn't loose or at risk of coming off and press out any air bubbles or wrinkles that appear.*

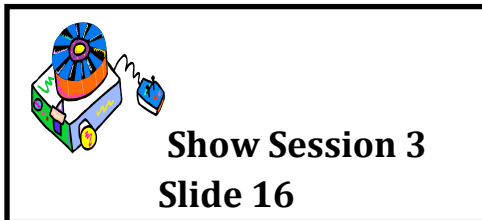
*If you want to use lubricant, put it on the outside of the condom and make sure it is water-based. We'll talk more about lubricants in a moment.*

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*The condom should stay on the penis until your partner has ejaculated. If the condom breaks or comes off before ejaculation, your partner should stop and you or he should put on a new condom.*

*Make sure your partner uses a new condom each time you have intercourse. Never reuse a condom.*



### How To Use a Male Condom

- **Step 4:** After ejaculation, when he withdraws, make sure your partner holds onto the condom at the base of his penis so that semen does not spill out.
- **Step 5:** Remove the condom from the penis.
  - Grasp the condom at the base of the penis and hold it as the penis is withdrawn from the condom.
- **Step 6:** Dispose of the used condom.
  - Do not flush it down the toilet.



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*Step 4: After ejaculation, when he withdraws, make sure your partner holds onto the condom at the base of his penis so that semen does not spill out.*

*Step 5: Remove the condom from the penis.*

Demonstrate how to remove the condom by sliding it off the model. Hold the penis model slightly downward.

*After ejaculation and after your partner withdraws, the condom should be removed from the penis. The best way is to grasp the condom at the base of the penis and hold it as the penis is withdrawn from the condom. The penis should be erect enough to prevent the condom from slipping off or leaking semen.*

*Step 6: Dispose of the used condom. Wrap the used condom in paper (tissue or toilet paper) and throw it in the trash. Do not flush condoms down the toilet because they can clog the toilet.*

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*Now it's your turn to practice. Pair up with another participant. One of you can coach the other as she puts the condom on the penis model. Then switch places so both of you have a chance to practice. Refer to "Session 3, Worksheet 3: How to Use a Male Condom" for abbreviated instructions.*

Observe participants and provide help where needed. After about five minutes, ask participants to talk about their experiences.

Question to prompt discussion:

- *So, how did it go? Was there a step that was particularly tricky?*

Possible responses:

- I wasn't sure if the condom was inside out.
- It wasn't hard to do at all.

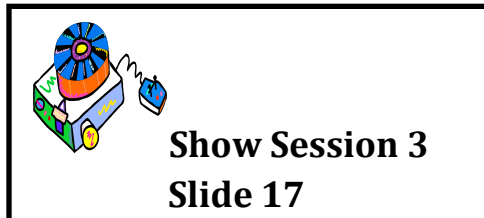
*Here are some additional points about using male condoms.*

*Some people like to use a lubricant when having sex. Lubricants decrease friction and can make sex more enjoyable. To use a lubricant effectively, smear it on the outside of the condom after it has been put on. You can also put a little on the inside of the condom. Remember that only water-based lubricants should be used. Petroleum or oil-based lubricants, such as petroleum jelly, cooking oils, shortening, and lotions, should not be used because they weaken the latex.*

*If either partner is allergic to latex, polyurethane (a synthetic material) condoms can be used.*


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*Putting on condoms and applying lubricant to the inside and outside can be sexually stimulating for you and your partner. Condoms don't have to be a barrier to good sex; they provide a barrier to infection from sexually transmitted diseases.*



### Reminders about Male Condoms

- Do not use oil-based lubricants: creams, mineral oil and baby oil, Vaseline, body and massage lotions.
- Use a new condom for each sex act.
- Do not use the same condom more than one time.
- Store condoms in a cool, dry place.
- Do not use a condom if:
  - the wrapper is damaged
  - it is past the expiration date on the wrapper or box
  - it is brittle or dried out
  - the color is uneven or has changed
  - it is unusually sticky



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*Do not use oil-based lubricants, such as creams, mineral oil and baby oil, Vaseline, and body and massage lotions.*

*Use a new condom for each sex act.*

*Do not use the same condom more than one time.*

*Store condoms in a cool, dry place.*

*Do not use a condom if:*

- *the wrapper is damaged*
- *it is past the expiration date on the wrapper or box*
- *it is brittle or dried out*
- *the color is uneven or has changed*
- *it is unusually sticky*

## SEPA Training of Facilitators Curriculum

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*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

*Now we will practice this demonstration. Pair up as facilitator and participant. Use the Facilitators Guide to help with the demonstration.*

*If you have never taught condom use, please practice this exercise until you feel comfortable teaching others.*

Questions to prompt discussion:

- *What problems do you think you might have performing the condom demonstration?*
- *What else can you say to convince participants that putting on condoms can be a part of foreplay?*

**BREAK**

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*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

### THE FEMALE CONDOM



#### Demonstration and Practice Exercise



**Purpose:** To learn how to correctly use a female condom



**Needed Equipment, Supplies, and Materials:** Participant Workbooks, condoms, bottle, Slides 18–19



**Time:** 30 minutes

Many women are not familiar with the female condom. The goal of this demonstration and practice exercise is to introduce female condoms and teach participants how to use them correctly. If you have used a female condom before, share your experience. Have extra condoms available to give away at the end of the session.



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### Facilitator's Note:

- Demonstrations will be successful when you practice.
- Always provide time for questions and answers.
- Make sure that you have all the materials you need for this exercise.



### Facilitator's Note:

Refer to the Internet for updates on female condoms before delivering Session 3. A new condom referred to as “VA” may become available. It has a rounded triangular frame at the open end and a sponge, rather than an inner ring, inside the closed end to anchor it inside the vagina.

### *Have you heard of the female condom?*

*The U.S. Food and Drug Administration, referred to as the FDA, approved the female condom for marketing in the United States in 1993. The female condom was first made from polyurethane, a synthetic material, and called the Reality® condom. Now it is referred to as FC1. A newer version, called FC2, was approved by the FDA in 2009 and is made of a substance called nitrile polymer. FC1 and FC2 are the only female condoms approved by the World Health Organization for purchase by United Nations agencies. They are sold under many brand names, including Reality, Femidom, Dominique, Femy, Myfemy, Protectiv and Care.*

*The female condom is a device women can use to prevent pregnancy, HIV infection, and sexually transmitted diseases. The condom has a soft ring on each end. One end is closed and the other end is open. The ring at the closed end is inserted in the vagina to keep the condom in place during sex. The ring at the*

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*open end stays outside the vagina and partly covers the labia — remember our discussion about female anatomy in Session 2?*

*The female condom can be inserted up to eight hours before sexual intercourse. Like male condoms, female condoms should only be used one time.*

*You can buy female condoms at a drugstore without a prescription. The cost is approximately \$3.00 for one FC1.*

*One of the biggest benefits of the female condom is that it gives women more control over HIV prevention than trying to make sure male partners use latex condoms. Women can insert the condom hours before sex and not worry about protection right before being intimate with their partners.*

*Let's practice how to correctly use a female condom.*

Provide participants with at least one female condom and ask two participants to share a bottle. Point out the inner and outer rings and “Session 3, Worksheet 4: How to Use a Female Condom” for step-by-step directions in the Participants Workbooks.

*Please practice inserting the female condom into a bottle as I read the instructions and demonstrate how to correctly insert and remove the condom.*

Demonstrate how to rub the condom with lubricant. Instruct participants to do the same with their condoms. Watch participants to make sure everyone is performing this step correctly.



### How To Use a Female Condom

- **Step 1:** Check the expiration date. If the condom has not expired, remove the condom from the package and apply lubricant.
- **Step 2:** Insert the condom by inserting the ring at the closed end of the condom into your vagina. Make sure the condom is not twisted.
- **Step 3:** Remove and dispose of the condom.
  - Do not flush it down the toilet.

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***Step 1:** Before intercourse, check the expiration date. If the condom has not expired, carefully remove it from the package. Make sure not to rip or tear the condom.*

*Rub the condom between two fingers to ensure the lubricant is evenly spread inside the sheath. If you need more lubrication, squeeze two drops of the extra lubricant from the package into the sheath.*

***Step 2:** Insert the condom by putting the closed end inside your vagina. Squeeze the inner ring between your thumb and middle finger. Insert the ring into your vagina. Using your index finger, push the sheath in as far as it will go. It is in the right place when you can't feel it. Don't worry — it can't go too far.*

*The lubrication on the female condom will make it feel slippery.*

*The larger ring at the open end should stay outside your vagina and rest against your labia, which is the outer lip of the vagina. Be sure the condom is not twisted.*

*Once you begin having intercourse, you may need to guide the penis so that it is in your vagina in the area lined by the female condom. You need to make sure*

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*the penis does not enter the vagina outside of the condom's sheath. If this happens, you will not be protected.*

**Step 3:** *Remove and dispose of the condom.*

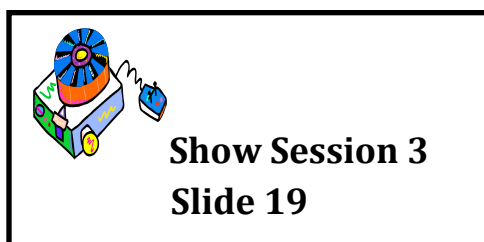
To demonstrate, tilt the bottle, grab the outer ring of the condom, twist it to avoid spillage, and pull the sheath from the bottle. Wrap it in tissue and throw it away. Watch participants to make sure everyone performs this step correctly.

*You can safely remove the female condom at any time after intercourse by twisting the outer ring. If you are lying down, remove the condom before you stand to avoid spillage of semen.*

*Wrap the condom in tissue or toilet paper and throw it in the trash. Do not flush it down the toilet.*

*Just like male condoms, you shouldn't use the female condom more than once.*

*Since the female condom is not made from latex, someone who is allergic to latex can use it without any reactions. Refer to "Session 3 Worksheet 4" for instructions on how to use a female condom.*



**Reminders about  
Female Condoms**

- You can use oil-based or water-based lubricants with the female condom.
- Use a female condom only once; use a new one each time you have sex.
- Store female condoms in a cool, dry place.
- Do not use a female condom that is old or damaged.

  
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*You can use oil-based or water-based lubricants with the female condom.*

*Use a female condom only once; use a new one each time you have sex.*

*Store female condoms in a cool, dry place.*

*Do not use a female condom that is old or damaged.*



*IT'S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD "STOP" FACING EVERYONE.*

Discuss with facilitators any potential challenges that they may have in teaching this skill. Brainstorm solutions for all challenges discussed.



### **Trainer's Note:**

You may want to write challenges and proposed solutions on newsprint.

Question to prompt discussion:

- *What problems might arise when actual participants perform the demonstration? How would you address them?*

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Possible responses:

- Some participants may get confused. I would coach them about what to do.
- Some participants may not want to bother because they don't like the idea of putting something inside their bodies. I would tell them to practice so they can show a girlfriend who may like the idea of female condoms.

*Now we will practice this demonstration. Pair up as facilitator and participant. Use the Facilitators Guide to help with the demonstration.*



*IT'S TIME TO BE SEPA PARTICIPANTS! PLEASE WEAR YOUR SIGN WITH THE WORD "GO" FACING EVERYONE.*

## WRAP-UP ACTIVITIES



**Time:** 10 minutes

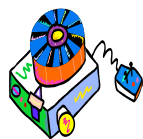
Review key messages, assign homework, and provide time for session evaluations.

*Now we will review and summarize the main ideas we have discussed today. If you have any doubts, questions, or concerns, this is the time to talk about them.*



**Review**

Refer participants to “Session 3, Worksheet 5: Session 3 Key Messages” in their workbooks. Show Slides 20-21 as key messages are reviewed.



**Show Session 3  
Slide 20**

### Session 3 Key Messages

- There are three ways to protect yourself from sexually acquired HIV and other sexually acquired STDs:
  1. Abstinence from sex
  2. Mutual fidelity to one partner who is free of infection
  3. Correct and consistent use of condoms
- Abstinence from sex is the only foolproof way to prevent sexually acquired HIV.
- You can protect your health by refusing to have unprotected sex until you know your partner is not infected with an STD, including HIV.



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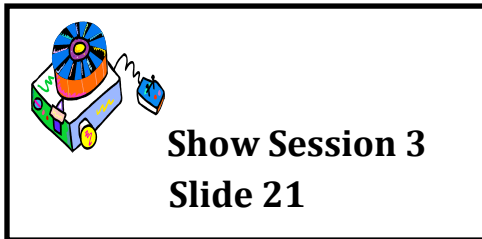
20

*There are three ways to protect yourself from sexually acquired HIV and other sexually acquired infections: abstinence from sex, mutual fidelity with one partner who is free of infection, and correct and consistent use of condoms.*

*Abstinence from sex is the only foolproof way to prevent sexually acquired HIV.*

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*You can protect your health by refusing to have unprotected sex until you know your partner is not infected with an STD, including HIV.*



### Session 3 Key Messages

- Correct and consistent use of male or female condoms is an effective way to prevent HIV, and many other STDs. Condoms also prevent unwanted pregnancy.
- Check the expiration date on the condom package.
- Use only water-based lubricants on male latex condoms.
- Never use the same condom more than one time.

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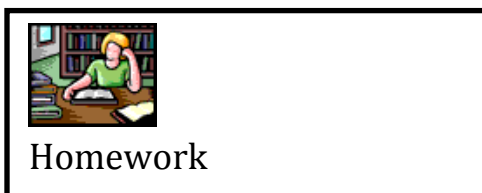


*Correct and consistent use of male or female condoms is an effective way to prevent many STDs, including HIV and AIDS. Condoms also prevent unwanted pregnancy.*

*Check the expiration date on the condom package.*

*Use only water-based lubricants on male latex condoms.*

*Never use the same condom more than one time.*



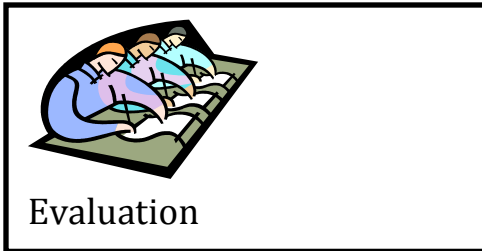
*Let's turn to the Session 3 homework assignment in your workbooks. This is your third homework assignment.*



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*Ask a family member, friend, neighbor, or other member of the community what he or she thinks is the best way to prevent the spread of HIV in the community. If needed, correct wrong information and share what you have learned from SEPA. When we return next week, we will discuss your experiences.*



Ask participants to fill out “Session 3, Worksheet 7: Session 3 Evaluation” in their workbooks.

*Before we leave, please complete the evaluation sheets because we want to know what you liked about the session, what you didn’t like, and what you would like to learn more about. When you are finished, tear the sheets out of your workbook and place them on the table. I will use your feedback to make SEPA better for you.*

*Thank you and I look forward to seeing you at our next session, which is [date/day/time]. We will spend our time talking about communication and how to negotiate condom use with a partner. Session 4 is a great session and I know we’ll have a lot of fun in addition to learning how to improve communication with our partners.*

*Enjoy your week, and I’ll see you next time.*



*IT’S TIME TO BE FACILITATORS! PLEASE WEAR YOUR SIGN WITH THE WORD “STOP” FACING EVERYONE.*

### FACILITATOR FEEDBACK



**Time:** 15 minutes

Initiate a feedback discussion with facilitators about the session. Ask facilitators to describe how the session felt and what concerns they may have about implementing the session with participants. Answer all facilitator questions about the session and about the day.

## TEACH-BACK ASSIGNMENTS



### Teach-Backs



**Purpose:** To provide facilitators with the opportunity to practice activities in Project SEPA



**Needed Equipment, Supplies, and Materials:** Teach-back handout for Training Day 2



**Time:** 10 minutes

Listed below are the topics and activities for teach-backs from Sessions 2 and 3.

With two trainers conducting the training for Project SEPA facilitators, the time for teach-backs will be cut in half. There are 15 teach-backs, and approximately 20 minutes should be allowed for each teach-back and subsequent comments. We recommend that the male and female condom demonstrations in this session be assigned more than once if more than 15 persons attend the training.

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### TEACH-BACK ASSIGNMENTS FOR SESSIONS 2 AND 3

Topic or Activity	Session #	Page(s) in Facilitators Guide	Slide #s	Facilitator's Name	Notes (Date and Time of Teach-Back)
The Truth about HIV and AIDS: True or False Activity	2	110-115	33-40		
Human Sexuality: Expectations and Beliefs	2	89-92	N/A		
Homework Review	3	128	N/A		
Abstinence Activity	3	133-135	5		
The Truth about Condoms: True or False Activity	3	140-144	7-11		
Male Condom Demonstration	3	145-153	12-17		
Female Condom Demonstration	3	154-159	18-19		

*You have now completed Sessions 2 and 3 of the training. How is everybody feeling?*

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*As we continue with the training, each of you will get a chance to teach back some of the session discussions and activities. Just as we did yesterday, each of you will be asked to pick a topic and facilitate a discussion, exercise, or activity. The rest of the group will pretend to be SEPA participants and they will respond to your questions. After you complete the teach-back, we want to hear what you think. Then we will provide feedback based on the feedback form we used earlier.*

*Successful implementation of a teach-back requires practice. For those of you who are selected to do a teach-back on Sessions 2 and 3, spend some time this evening practicing your assignments. Use the Facilitators Guide to help you. Tomorrow, you will have approximately 15 minutes to conduct your teach-back. We have seven teach-back exercises for Sessions 2 and 3. Who would like to volunteer?*

Wait for responses. If no one volunteers, randomly pick a facilitator from the hat or bowl for each teach-back.

*We will use a feedback form to help focus our observations and comments. We don't give copies to the facilitators who perform the teach-backs.*

*Day 2 is complete. Thank you for being so cooperative. Does anyone have questions about SEPA or the training?*

After all questions have been addressed, note the start time and key topics for the next day's training.